

**NORTH PAULDING HIGH SCHOOL  
NPBA YOUTH LEAGUE**

300 North Paulding Drive Dallas GA 30132  
Attn: Ryan Dyer or Scott Green

LEAGUE USE  
REG NO. \_\_\_\_\_  
Amt rec'd \_\_\_\_\_  
Check # \_\_\_\_\_

**2018/2019 PLAYER REGISTRATION**

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY/ZIP CODE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SEX: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

Uniform Size (CIRCLE ONE) HIGH SCHOOL AFFILIATION: \_\_\_\_\_  
YOUTH SM MED LG  
ADULT SM MED LG XL XXL

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**General Release, Waiver of Liability and Hold Harmless Agreement**

KNOW BY ALL MEN BY THESE PRESENTS,

That \_\_\_\_\_ (**Print parent/guardian name**) hereby agrees to indemnify and hold harmless the North Paulding Basketball Association, NPBA Board of Directors, NPHS and the Paulding County School District against any and all liability, loss, damages, costs, rights and causes of action of whatsoever kind and nature, specifically including, but not limited to, bodily and personal injuries of the undersigned or \_\_\_\_\_ (**print player name**) as their **minor child**, as well as all hospital bills, doctor bills, drug bills, and other medical expense, general and punitive damages, that may result from any incident occurring while enroute to or from, or while on the premises of the facilities used by North Paulding Basketball Association. It is expressly agreed that the undersigned fully understands that the execution of this document will prevent the undersigned or \_\_\_\_\_, (**print player name**) their **minor child**, from asserting any claim as set forth herein, sustained while on the premises or enroute to or from said premises.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Registration Fee:** (Make checks payable to North Paulding Basketball Point Guard Club)

\$175.00 1<sup>st</sup> Child \$165.00 2<sup>nd</sup> Child \$155.00 3<sup>rd</sup> Child

\*\*Please mail this form and check to the address on the top of the form\*\*

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**Volunteer Information**

NAME \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

GRADE \_\_\_\_\_ BOYS \_\_\_\_\_ GIRLS \_\_\_\_\_

INTEREST: COACH ASST. COACH OTHER \_\_\_\_\_



\*A \$40 processing/equipment fee will be charged for refunds\*