Cinnaminson PAL Basketball Registration 2017-2018

Cinnaminson Middle School Lobby:

Friday, 10/6, 7:00PM – 9:00PM Saturday, 10/07 9:00AM – 12:00PM Or

Register on-line at www.cinnaminsonbasketball.com

For children currently in grades

1st -10th- Season runs start of December ends early March

1st and 2nd Grade is clinic-Tom Lynch

We do not allow children to play "up" in the In-town Program.

Due to Twp. building usage fees there are some increases this year

In-town fees:

\$65 per child (for clinic no change in price)

Grades 3-10 Boys & Girls

\$ 80 per player

2 players same family \$ 150

3 or more same family \$ 165

**Additional fee of \$170 for Travel Basketball Is NOT paid at Registration, but paid upon making the TRAVEL TEAM ** there may be additional cost for uniforms depending on coach.

Those making a Travel team can option to play In-town at NO ADD"T COST we will ask you after Travel Tryouts.

(Travel program starts in grade 5 depending on CBB review and determination of player's abilities and numbers)

Please make checks payable to "Cinnaminson Basketball".

CINNAMINSON PAL BASKETBALL REGISTRATION-WAIVER FORM

PLEASE PRINT CLEARLY

CHILD'S NAME
GRADE
PARENT'S NAMES
HOME ADDRESS
TELEPHONE HOME
CELL PHONE
EMAIL ADDRESS
EMAIL ADDRESS
As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate as a team member in the Cinnaminson PAL basketball program.
understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behave of my child.
hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or
nfirmities that would restrict full participation in these activities, except as listed below. n addition to giving my full consent to my child, I do hereby waive, release and hold narmless the organization name above, its officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by my child
n the normal course of participation in the designated sport and the activities in ncidental thereto, whether the result of negligence or any other cause.
Please list any physical limitations(allergies, hearing, sight, etc.)