



**LANGHORNE ATHLETIC ASSOCIATION
2007-2008 Fall Basketball Registration Form**

www.langhorneaa.org

Player Information

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>SEX</u> M/F	<u>AGE` AS OF</u> (SEPT 1, 2007)	<u>DIVISION</u> *Travel or In-House	<u>BOYS/GIRLS</u>
CHILD #1- _____	_____	_____	_____	_____	_____
CHILD #2- _____	_____	_____	_____	_____	_____
CHILD #3- _____	_____	_____	_____	_____	_____
CHILD #4- _____	_____	_____	_____	_____	_____

FATHER'S NAME: _____ Coach _____ Asst _____ MOTHER'S NAME: _____ Coach _____ Asst _____

ADDRESS: _____ CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

REGISTRATION FEES: Early Registration Discount Fees (by Oct 15, 2007) 1-child = \$80, 2 children = \$155, Family Max: 3 or more children = \$200
Regular Registration Fees (Oct 15 – Oct 31) 1-child = \$95, 2 children = \$190, Family Max: 3 or more children = \$225

Late Registration Fees (Nov 1-Nov 15) 1-child = \$115, 2 children = \$230, Family Max: 3 or more children = \$270

LATE REGISTRATION FEES WILL BE ENFORCED!! Late registration causes delay in league planning and uniform purchases. *Please* help the volunteers that are running the L.A.A. Basketball program by registering on time. No refunds after November 15, 2007.

*Travel players must get registration in right away because evaluations are early this year.

BOYS

Division
 7&8 Under 7 must be in 2nd grade
 9&10
 11&12
 13&14
 15 -17

GIRLS

Division
 7&8 Under 7 must be in 2nd grade
 9&10
 11&12
 13 - 17

Amount Due: _____ *****PLEASE WRITE ONE CHECK, PAYABLE TO L.A.A. FOR THE TOTAL REGISTRATIONS*****

Notes: 1) Travel players that don't make the travel team must go to in-house evaluations if they want to play in-house.

I, the parent or guardian of the above- named child (ren), hereby give my approval for his or her (their) participation in any and all activities of the Langhorne Athletic Association during the current season. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I do hereby release, absolve, indemnify, and hold harmless the Langhorne Athletic Association and the administrators, supervisors, officers, sponsors, and coaches- in case of injury to my child(ren). I hereby waive all claims against the sponsors, coaches, officers, or any of the administrators or supervisors appointed by them. I likewise waive, to the extent not covered by liability or accident insurance any claims against any person(s) transporting my child(ren) to and from the activities.

LAA NO TOLERANCE POLICY: In addition, LAA will not tolerate any behavior by its coaches, parents or players that is inappropriate, including verbal or physical confrontations with players, fans, officials, parents or coaches. Violation of policy will result in suspension of participation privileges. My signature indicates my willingness to pursue the outlined behavior and my agreement to abide by and have my children and guests abide by LAA's no tolerance policy.

SIGNATURE OF PARENT OR GUARDIAN X: _____ DATE: _____

MAIL IN REGISTRATION: Mail forms to: LAA – 334 Bernick Drive, Langhorne PA 19047 any questions please contact Brian Hessenthaler at hessenthaler2@verizon.net

“THE SOLE PURPOSE OF DISTRIBUTING THIS FLYER IS TO PROVIDE INFORMATION TO THE COMMUNITY. THE NESHAMINY S.D. DOES NOT ENDORSE OR SANCTION THE EVENTS/ACTIVITIES LISTED IN THIS FLYER. PARENTS/GUARDIANS ARE URGED TO THOROUGHLY RESEARCH ANY ORGANIZATION PROVIDING SUCH INFORMATION BEFORE MAKING A DECISION TO PARTICIPATE.”