



BASKETBALL REGISTRATION



BOYS & GIRLS



3rd GRADE THRU 8th GRADE

REGISTRATION DATES AND TIMES

WHERE: *POTTSTOWN SENIOR HIGH SCHOOL-GYM LOBBY ENTRANCE*

TUESDAY FEBRUARY 4th 6:30-8:00

TUESDAY FEBRUARY 11th 6:30-8:00

POTTSGROVE HIGH SCHOOL-GYM ENTRANCE

THURSDAY FEBRUARY 13TH 6:30-8:00

THURSDAY FEBRUARY 20TH 6:30-8:00

ON-LINE REGISTRATION GO TO:

pottstownpridebasketball.org

REGISTRATION AND EQUIPMENT FEES \$90.00

CASH or CHECKS ACCEPTED. PLEASE MAKE CHECKS PAYABLE TO POTTSTOWN

***P.R.I.D.E.* PAYMENT and FORMS CAN BE MAILED to P.R.I.D.E. BASKETBALL**

995 CANDELORA DRIVE POTTSTOWN PA 19464

ALL PLAYERS MUST SUBMIT PAYMENT IN FULL BEFORE THEY CAN PRACTICE OR PARTICIPATE IN ANY GAMES

TEAM PRACTICES (1 PER WEEK) WILL BEGIN THE WEEK OF MARCH 10th, GAMES WILL BEGIN THE WEEK OF MARCH 17th AND CONTINUE THROUGH MAY 17th AT POTTSTOWN MIDDLE SCHOOL, POTTSTOWN HIGH SCHOOL, POTTSGROVE MIDDLE SCHOOL AND LOWER POTTSGROVE ELEMENTARY POTTSGROVE HIGH SCHOOL

GROUP SKILL/EVALUATIONS

SATURDAY FEBRUARY 25TH 2025

5:30PM-9:30PM

GRADE LEVELS AND TIMES TO BE ANNOUNCED



BASKETBALL REGISTRATION FORM
\$90.00 EQUIPMENT FEE

PLAYERS NAME: _____ **GRADE:** _____

ADDRESS: _____

SEX: MALE _____ **FEMALE** _____ **SCHOOL YOU ATTEND:** _____

CIRCLE ONE: BOYS 3RD/4TH BOYS 5TH/6TH BOYS 7TH/8TH GIRLS 3RD/5TH GIRLS 6TH/8TH

JERSEY SIZE: YTH LG _____ **ADULT SM** _____ **ADULT MED** _____ **ADULT LG** _____ **ADULT XL** _____

OFFICIAL PERSONALIZED JERSEYS WITH NAMES ON BACK WILL BE PROVIDED
SIGNIFICATE ALLERGIES OR PAST ILLNESSES:

GUARDIAN NAME: _____

GUARDIAN PHONE: CELL _____ **HOME:** _____

GUARDIAN EMAIL ADDRESS: _____

GUARDIAN NAME: _____

GUARDIAN PHONE: CELL _____ **HOME:** _____

GUARDIAN EMAIL ADDRESS: _____

THIS STATEMENT MUST BE SIGNED BY PARENT/GUARDIAN FOR MINOR PLAYER; COACH FOR HIMSELF OR HERSELF AND ADMINSTRATOR FOR HIMSELF.

I THE PARENT/GUARDIAN OF THE REGISTRANT, A MINOR, AGREE THAT THE REGISTRANT AND I WILL ABIDE BY THE RULES OF P.R.I.D.E., ITS AFFILIATED ORGANIZATIONS AND SPONSORS.

RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH BASKETBALL AND IN CONSIDERATION FOR P.R.I.D.E. ACCEPTING THE REGISTRANT FOR ITS BASKETBALL PROGRAM, I HEREBY RELEASE, DISCHARGE AND/OR OTHERWISE IDEMNIFY AND HOLD HARMLESS P.R.I.D.E. IT'S AFFILIATED ORGANIZATIONS AND SPONSORS, THEIR EMPLOYEES AND ASSOCIATED PERSONNEL, INCLUDING THE OWNERS OF BASKETBALL COURTS AND FACILITIES USED FOR THE PROGRAM AGAINST ANY CLAIM BY OR ON BEHALF OF THE REGISTRANT AS A RESULT OF THE REGISTRANT'S PARTICIPATION IN THE PROGRAMS AND/OR BEING TRANSPORTED TO OR FROM THE SAME, WHICH TRANSPORTATION I HEREBY AUTHORIZE.

PLAYERS NAME: _____ **DATE:** _____

PARENT/GUARDIAN SIGNITURE: _____