

***Triple Threat Basketball Club***  
***Summer Registration Form 2019***  
Girls Grades 8-12 (as of September 1<sup>st</sup> 2019)

**Mission**

Any female athlete in grades 8 – 12 wishing to participate in the summer basketball program needs to register. The registration fee is \$35 and the commitment fee is \$50. Fifty dollars of this fee will be returned if you make all of the events you committed to. **This is a great opportunity to learn and improve your game. The game of basketball is learned in the summer and perfected and played during the season.**

Make Checks Payable to **Lady Slater Booster Club**

Mail Registration & Fee to: Bill Bisci  
43 Thoroughbred Court  
Bangor, PA 18013

**Deadline: May 1<sup>st</sup> 2019**

**Registration**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Grade (as of Sept. 2019) \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Shirt Size    Adult    S    M    L    XL    XXL

It is necessary for all parents or guardians of participants in basketball program to sign the following statement prior to participation.

I hereby certify that my child \_\_\_\_\_ is in good physical condition to participate in the basketball program. If medical attention is required for illness or injury while participating I give my permission for such care and I certify that our family medical insurance program covers me. The Bangor Area School District, Triple Threat Basketball Club and Staff are not responsible for and will not provide payment of any medical, dental, hospital or laboratory fees due to injury incurred due to my participation in the basketball program.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name of Medical Insurance Carrier

\_\_\_\_\_  
Policy or group number