



**Philadelphia PowerPlay
Team Registration Form
2009-2010 Season**



Note: There is a \$25.00 registration fee to join the Philadelphia PowerPlay team each year. Please see page 2 for payment instructions.

Please print all information

Name: _____ Date of Birth: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Name of School: _____

Parent/Guardian Name: _____ Relationship: _____

Cell Phone: _____ Email: _____

Emergency Contact: _____ Relationship: _____
(Other than Parent or Guardian)

Cell Phone: _____ Email: _____

Disability: _____

Allergies (Food & Environmental): _____

List any medical precautions (i.e. rods, shunt, etc.): _____

Do you use a power chair? Yes No

What other sports do you compete in? _____

Please indicate size for team uniform: * _____ check here for child size

T-shirt size: _____ S _____ M _____ L _____ XL

Sweatshirt size: _____ S _____ M _____ L _____ XL

Please indicate your first and second choice for your shirt number (new players):

1st Choice _____ 2nd Choice _____

Please note any contacts or resources for team sponsorship or fund-raising ideas. We appreciate your input.

(Over)

I. LIABILITY RELEASE FORM

In participating in and/or receiving program services under the auspices of UCP of Philadelphia and Vicinity, it is understood that there are normal risks involved. Due to the fact that eligibility to participate in these services is based on exhibiting a developmental disability, it is understood that these normal risks become somewhat greater.

In consideration of your acceptance of my application for the **Philadelphia PowerPlay Team** and granting permission for my participation in this activity, I hereby intending to be legally bound, for myself, my heirs, executors and administrators, waive and release any and all claims for damages I may now or hereafter have against UCP of Philadelphia and Vicinity and any sponsors, coordinating groups, facilities and individuals associated with the activity, their representatives, successors and assigns, and will hold them harmless from any injuries or damages which I may suffer in this activity.

I understand that the appropriately designated UCP staff or representative will follow their normal procedures in their best professional judgment in providing services and responding to situations of an emergency nature.

I certify that I have read/or have had read to me and fully understand the above statement and that my participation in and/or receipt of these UCP services is voluntary and without reservation.

Participant's Signature _____ Date: _____

Parent/Guardian's Signature _____ Date: _____

II. PERMISSION TO PHOTOGRAPH

_____ I **do** grant permission to UCP of Philadelphia and Vicinity to take and use photographs and/or videos of me while participating in UCP sponsored events for use of publicity, future public relations brochures, the Internet and for fund-raising purposes.

_____ I **do not** grant permission to UCP of Philadelphia and Vicinity to take and use photographs and/or videos of me while participating with the PowerPlay team or in other UCP sponsored events for use of publicity, future public relations brochures, the Internet and for fund-raising purposes.

Participant's Signature _____ Date: _____

Parent/Guardian's Signature _____ Date: _____

**** If Registrant is under 18 years of age, then parent or guardian must sign for the registrant.***

Note: There is \$25.00 registration fee to join the Philadelphia PowerPlay team each year. Please make your check payable to the **Philadelphia PowerPlay**. Please complete and return application along with \$25.00 check to Jane Bunting, Sue Lucas or Joanne Shipman at an upcoming PowerPlay practice session. If you require financial assistance, contact Jane Bunting at 610-459-0170 or janebunting@verizon.net.