



3 on 3 Basketball Tournament Registration Form
 NORTH LIGHT COMMUNITY CENTER 175 Green Lane Philadelphia, PA 19127
 (P) 215-483-4800 (F) 215-483-6728 www.northlightcommunitycenter.org
 Contact northlight3on3hoops@gmail.com for questions or more info
GAME DAY: Saturday, February 28: starts at 9:30 am
 All teams must sign in by 9 am
 Registration and Payment (\$40 per team, \$15 for Individual) due by February 20;
 (Early Bird Team Discount - \$30: Feb. 13)

NORTH LIGHT
 COMMUNITY CENTER

Changing Lives.
 Changing Communities.

Team Name: _____
 Team Captain Name: _____
 Your Full Name: _____
 Phone: _____ (cell), _____ (home or work)

Email: _____

Home Address _____ Zip _____

Date of Birth _____ Current Age _____

Emergency Contact Name: _____

Phone _____ Cell or work phone _____

Relationship to Participant: _____

WAIVER (Must be completed & signed to participate in any activity held at or by North Light Community Center)

I will not hold the Board of Directors, Staff or Volunteers responsible for any illness/injury while using North Light Community Center facilities. Additionally I, the undersigned, do hereby release and hold harmless North Light Community Center from any and all obligations and claims of any nature whatsoever, on my part or the part of my heirs or assigns, which may arise now or in the future, from the use of any photographs, audio or video tape or film in which a likeness or representation of myself shall appear or of my voice or a characterization in which I shall participate and acknowledging that the use of said photograph, tapes and promotional material attendant thereto may be edited and used at the absolute discretion of North Light Community Center.

I certify that the applicant is physically able to participate in the programs and activities of North Light. If not, please list limitations _____

 Date _____
 Signature of Applicant 18 years of age or older, other than listed above

For Office Use Only: Payment Amount: \$ _____ Payment Method: Cash: _____ Check# _____ Credit card: Visa MC Discover
AMEX

Payment Accepted By: _____ Date: _____

Date Entered (DP): _____ By _____