



Individual Adult Player Registration Form

6500 Preston Meadow Drive Plano, TX 75024

Phone 972-208-5437 Fax 972-208-3801

Website: www.psaplano.org Email: info@psaplano.org

Plano Sports Authority

Season/Year	Sport	League	
	Adult Basketball		
PLAYER INFORMATION <i>Please Print Clearly and Complete All Information</i>			
Last Name		First Name	
Address			City
			Zip Code
Home Phone	Date of Birth	Age	
ADDITIONAL CONTACT INFORMATION <i>Please Print Clearly and Complete all Information</i>			
Would you like to volunteer? <input type="checkbox"/> Head Coach <input type="checkbox"/> Team Manager			
Last Name	First Name	Work Number	Cell Number
EMAIL ADDRESS - <i>Please Print Clearly and Complete all Information Including .net .com .org .edu etc</i>			
TEAM PLACEMENT PREFERENCE			
Player's Experience Level			
<input type="checkbox"/> Player is on a team roster:		Team Name/Coach's Name	
PAYMENT INFORMATION			
<input type="checkbox"/> Cash		<input type="checkbox"/> Check #	
		Driver's License #/State	
Credit Card:		<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> Amex	
Credit Card Number			Exp Date
			/
Name of Card Holder			CVV#
I, the player's parent/guardian, understand the nature of sports and this player's experience. This player is in good health and in proper physical condition to participate in sports activities. I release, discharge, covenant not to sue, and agree to indemnify, save, and hold harmless PSA from all liability claims, demands, losses or damages on this player's account caused or alleged to be caused in whole or in part by the negligence of PSA or otherwise. I further agree that if, despite this release, I, the player, or anyone on the player's behalf makes a claim against PSA, I will indemnify, save, and hold harmless PSA from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as a result of any such claim.			

(Player's Signature) (Please Print Name) Date

- o RETURNED CHECKS ARE SUBJECT TO A \$30.00 FEE
- o REFUND POLICY: \$30.00 SERVICE CHARGE OF THE APPROPRIATE SPORT'S FEE PRIOR TO REGISTRATION CLOSING. AFTER REGISTRATION CLOSING, NO REFUNDS FOR ANY REASON. REQUEST FOR REFUNDS MUST BE MADE IN PERSON AT PSA M-F 9:30AM-5:30PM

Revised 10/20/08