

GET KICKING TO BENEFIT RENOVATIONS TO CRAWFORD STADIUM

TEAM INFORMATION

PLAYER INFORMATION

of players: _

Team Name:	
Team Captain:	

CONTACT INFORMATION

Parent/Guardian Name: _

Phone:

Email: _

Date Form Is Submitted: _

Name	T-Shirt Size	Division (Grades)	School	Waiver
Player #1:	YS_YM_YL_YXL_AS_AM_AL_AXL	3/45/67-99-12		YesNo
Player #2:	YS_YM_YL_YXL_AS_AM_AL_AXL	3/45/67-99-12		YesNo
Player #3:	YS_YM_YL_YXL_AS_AM_AL_AXL	3/45/67-99-12		YesNo
Player #4:	YS_YM_YL_YXL_AS_AM_AL_AXL	3/45/67-99-12		YesNo
Player #5:	YS_YM_YL_YXL_AS_AM_AL_AXL	3/45/67-99-12		YesNo
Player #6:	YS_YM_YL_YXL_AS_AM_AL_AXL	3/45/67-99-12		YesNo
Player #7:	YS_YM_YL_YXL_AS_AM_AL_AXL	3/45/67-99-12		YesNo
Player #8:	YS_YM_YL_YXL_AS_AM_AL_AXL	3/45/67-99-12		YesNo
Player #9:	YS_YM_YL_YXL_AS_AM_AL_AXL	3/45/67-99-12		YesNo
Player #10:	YSYMYLYXLASAMALAXL	3/45/67-99-12		YesNo
Player #11:	YSYMYLYXLASAMALAXL	3/45/67-99-12		YesNo
Player #12:	YSYMYLYXLASAMALAXL	3/45/67-99-12		YesNo
Player #13:	YSYMYLYXLASAMALAXL	3/45/67-99-12		YesNo
Player #14:	YSYMYLYXLASAMALAXL	3/45/67-99-12		YesNo
Player #15:	YSYMYLYXLASAMALAXL	3/45/67-99-12		YesNo

A minimum of 10 players and maximum of 15 players per team. Co-ed teams are welcome. Waiver must be completed for each player and received by the NPSD Educational Foundation by 4/17/2020 in order to be eligible to play. Payment in full (\$20 per player) is required for team to participate. All players must be in the same division.

Event is organized by the NPSD Educational Foundation. More information can be found at www.npennedfoundation.org.

Registration form, waiver for each player, and payment must be received by the NPSD Educational Foundation in order to reserve your team's spot in the tournament. Deadline is March 31, 2020 or until divisions are filled, whichever comes first. Send your forms and check made payable to the NPSD Educational Foundation to 401 East Hancock Street, Lansdale, PA 19446; Attention Christine Liberaski. To fill out the registration form and waiver online, visit www.npennedfoundation.org. You will still need to print the forms once completed.

For more information, please contact Christine Liberaski at **215.853.1020**, liberacd@npenn.org, or visit www.npennedfoundation.org.



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NPSD Student R	egistration		
First Name		Last Name	Gender
Grade	School		

If your child has been under a doctor's care in the last year, please explain (optional)

If your child had or does have any disorder that would prevent him/her from participating in any strenuous exercise, please explain (optional)

If your child has any conditions/diseases/special needs of which we should be aware, please list below (ie: epilepsy/fainting spells/heart condition/asthma/allergies, etc.)

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