

HOOPS All-Star Basketball Registration Form

Event....Houseleagues **TEAM.....**
Player's Name
Address.....Postal.....
Phone..... School **Grade.....**
Emergency Contact..... Phone.....
Emergency Contact..... Phone.....
E-mail address: (if not on file).....

Office Use Only:
Fee Paid \$ _____ Date: _____
Received _____

T-Shirt (Youth)
S M L XL

Parents' Agreement:

I hereby declare that I am willing to allow my child.....to participate in all or any events offered and that I will not hold Hoops All-Star Basketball, its agents, executive, volunteers, employees or sponsors responsible for injuries incurred by my child as a result of being a participant in same.

I further understand that my child, upon registration, will be covered by a sports accident insurance policy which shall be in effect while a participant in any event.

Date..... Signature of Parent.....

Please complete the above and bring this entire page to your child's first game.

Office Use Only: Do Not Detach Receipt Until Signed by Officer



Receipt for Houseleague Registration

Received from _____ \$ 50.00

Fifty----- XX/100

Signature _____ Date _____

505 Lakeshore Rd. SARNIA N7V 2S4

www.hoopsallstar.ca

Note: Leagues which are less than 8 weeks duration are not eligible for the Provincial Tax Credit