



## REGISTRATION FORM (BOYS & GIRLS DIVISIONS)

### SUMMER CAMP

Basketball clinics, practices and games  
 ▶ \$100 for Half-Day Camp  
 ▶ \$175 for Full-Day Camp  
 Pick any **5 DAYS** over the Summer  
 ▶ \$25 for extended hours, unlimited days, from 8am-9am and/or 4pm-5pm

▶ **SIR WILLIAM MULOCK SECONDARY:**

**JUNE 30 JULY 02,03,04**

**JULY 21,22,23,24,25**

**JULY 28,29,30,31 AUGUST 01**

▶ **NOTRE DAME CATHOLIC SCHOOL:**

**JULY 07,08,09,10,11**

**JULY 14,15,16,17,18**

▶ **NEWMARKET HIGH:**

**AUGUST 05,06,07,08**

**AUGUST 11,12,13,14,15**

### WINTER HOUSE LEAGUE

Weeknight basketball consisting of games and practices from September to April

▶ \$110 includes uniform and 30+ weeks of basketball

*CHECK DIVISION AND CROSS OFF DAYS  
 ATHLETE MAY NOT PARTICIPATE DUE TO  
 OTHER COMMITMENTS:*

MONDAY / TUESDAY / WEDNESDAY / THURSDAY

[ ] (HOOP STARS CAMP, PRACTICES ONLY) 4-5 YEARS

[ ] (INTRO) 6-7 YEARS [ ] (BANTAM) 12-13 YEARS

[ ] (NOVICE) 8-9 YEARS [ ] (MIDGET) 14-15 YEARS

[ ] (ATOM) 10-11 YEARS [ ] (JUVENILE) 16-17 YEARS

### REP1, REP2 & ALL-STAR

Weekend basketball consisting of practices, games and tournaments

▶ \$300 includes all fees for practices, games, tournaments and Provincial Championships, uniforms extra

**PHOTO COPY OF BIRTH CERTIFICATE  
 MUST BE ATTACHED TO REGISTRATION  
 FORM ON 8-1/2" x 11" PAPER**

### SUMMER REP-CAMP

Basketball clinics and practices for advanced players (for Registered IEM Players ONLY)

▶ \$50 for Unlimited Days over the Summer Half-Day Camps, from 1pm to 5pm

▶ **SIR WILLIAM MULOCK SECONDARY:**

**NOVICE: JULY 7,10,15,18 AUGUST 5,7,12,14**

**ATOM: JULY 8,11,16 AUGUST 5,7,12,14**

**BANTAM: JULY 8,11,16 AUGUST 6,8,11,13,15**

**MIDGET: JULY 9,14,17 AUGUST 8,13,15**

**JUVENILE: JULY 9,14,17 AUGUST 8,13,15**

### WINTER REP-HOUSE LEAGUE

Weeknight basketball consisting of games from September to February

▶ \$FREE for Rep1, Rep2 and All-Star Players

▶ \$150 for non-IEM Players and/or House League Players

**DO YOU WISH TO ATTEND TRY-OUTS FOR  
 REP1, REP2, AND/OR ALL-STAR TEAMS (Y/N)?**

[ ] YES [ ] NO

### SPRING B-BALL LEAGUE

Saturday basketball starting from April to June

▶ \$50 for IEM registered players in any of the Winter Sessions and includes uniform and 10+ weeks of basketball

▶ \$125 includes uniform and 10+ weeks of basketball for non-IEM Players

▶ PLEASE CIRCLE and/or CHECK-OFF PROGRAMS YOU WISH TO REGISTER FOR and/or CAMP DATES ATTENDING

NAME OF ATHLETE: \_\_\_\_\_ MALE: [ ] FEMALE: [ ]

PARENT'S NAME/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE NO.1: ( ) \_\_\_\_\_ - \_\_\_\_\_ PHONE NO.2: ( ) \_\_\_\_\_ - \_\_\_\_\_ EMERGENCY NO.: ( ) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ feet \_\_\_\_\_ inches WEIGHT: \_\_\_\_\_ lbs  
 DAY MONTH YEAR

MEDICAL CONDITIONS: \_\_\_\_\_

**WE NEED YOUR HELP ! NAME:** \_\_\_\_\_ **TEL:** ( ) \_\_\_\_\_ - \_\_\_\_\_  
 [ ] COACH [ ] ASSISTANT [ ] REFEREE [ ] SCORER [ ] CONVENOR [ ] STATISTICIAN [ ] OTHER \_\_\_\_\_

### RELEASE AND WAIVER

I HEREBY GIVE MY CONSENT FOR THE ABOVE MENTIONED PLAYER TO PLAY BASKETBALL UNDER THE AUSPICES OF THE IEM BASKETBALL LEAGUE. I AND THE ABOVE MENTIONED PLAYER AGREE TO ABIDE BY THE RULES OF THE IEM BASKETBALL LEAGUE. I HEREBY ACKNOWLEDGE THAT BASKETBALL IS A PHYSICAL SPORT AND IN SO DOING I WILL NOT HOLD IEM BASKETBALL LEAGUE INC., ITS BOARD OF DIRECTORS, OFFICERS OR REPRESENTATIVES RESPONSIBLE FOR ANY INJURIES CAUSED TO A MEMBER ARISING OUT OF HIS/HER PARTICIPATION IN THE IEM BASKETBALL LEAGUE AND AGREE TO INDEMNIFY THE IEM BASKETBALL LEAGUE FOR ANY SUCH INJURY. I FURTHER ASSUME FULL RESPONSIBILITY FOR ANY DAMAGE CAUSED BY THE PLAYER TO ANY GYM PREMISES OR EQUIPMENT. I HEREBY GIVE MY CONSENT TO THE USE OF ANY PHOTOGRAPHS TAKEN OF THE ABOVE MENTIONED PLAYER, WHILE PLAYING BASKETBALL, ON THE IEM BASKETBALL WEBSITE. I UNDERSTAND AND GIVE CONSENT TO HAVE THE ABOVE MENTIONED PLAYER MOVED BETWEEN TEAMS FOR BALANCING PURPOSES.

MY SIGNATURE ACKNOWLEDGES THAT I ACCEPT RESPONSIBILITY FOR THE FEES AND THAT I HAVE READ AND AGREED TO THE TERMS AND CONDITIONS LISTED ABOVE AND THE REFUND POLICY AS LISTED AT THE BOTTOM OF THIS DOCUMENT.

I CONFIRM THAT I HAVE READ THIS RELEASE AND WAIVER BEFORE SIGNING IT AND I UNDERSTAND THAT IT IS BINDING NOT ONLY ON ME AND THE PARTICIPANT BUT ALSO ON OUR HEIRS, EXECUTORS AND ASSIGNS.

**SIGNATURE:** \_\_\_\_\_  
 ADULT PLAYER, PARENT OR GUARDIAN'S SIGNATURE

**DATE:** \_\_\_\_\_  
 DAY MONTH YEAR

MAIL FORM (WITH PAYMENT) TO: I.E.M. BASKETBALL LEAGUE INC. 913 ATAIRE ROAD, NEWMARKET, ONTARIO L3X 1L3

OR CALL 905-836-6195 FOR ADDITIONAL INFORMATION

(RETURNED CHEQUES: \$25.00 SURCHARGE – REFUND CHARGE: \$25.00 – NO REFUNDS AFTER START OF LEAGUE)