



REGISTRATION FORM

(MEN-18+ DIVISION)

SUMMER MEN-18+ LEAGUE

Weeknight basketball consisting of 12-REGULAR SEASON GAMES plus PLAY-OFFS, starting July and ending September.

Location: Magna Centre Times: 9:00PM, 10:15PM

PLAYER REGISTRATION FEE - **\$150**

OR

TEAM REGISTRATION FEE - **\$1200**

All players are required to play with an official "IEM Basketball" league uniform (SHIRT + SHORTS).

Required 'IEM Basketball' Uniform - **\$40** per Player



PLEASE CIRCLE and/or CHECK-OFF DIVISION AND TEAM YOU WISH TO REGISTER FOR

NAME OF ATHLETE: _____ MALE: FEMALE:

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE NO.1: () _____ - _____ PHONE NO.2: () _____ - _____ EMERGENCY NO.: () _____ - _____

E-MAIL: _____

DATE OF BIRTH: _____
DAY MONTH YEAR

MEDICAL CONDITIONS: _____

PREFERRED DIVISION: DIVISION 'A'

PREFERRED TEAM: ALGONQUIN (FOREST.GREEN) APACHES (BLACK) BLACKFOOT (BLACK) BRAVES (ORANGE)
 CHEYENNE (RED) CHEROKEE (BURGUNDY) CHIEFS (ROYAL.BLUE) COMANCHEE (PURPLE)
 COWBOYS (GREY) CREE (KELLY.GREEN) DAKOTA (NAVY.BLUE) HURONS (YELLOW.GOLD)
 INDIANS (YELLOW) IROQUOIS (TEAL) NAVAHO (SKY.BLUE) RANGERS (WHITE) REDSKINS (RED)
 WARRIORS (CHAMPAGNE) OTHER

PREFERRED PLAYING NIGHT: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

PREFERRED PLAYING TIME: 9:00PM 10:15PM

PREFERRED SCHOOL (IF ANY): **MAGNA CENTRE**

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: _____

DATE: _____

ADULT PLAYER, PARENT OR GUARDIAN'S SIGNATURE

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)