



## REGISTRATION FORM 2010 -2011 Season

### WINTER HOUSE LEAGUE

Weeknight basketball consisting of practices and games from September to May.

\$125 includes 30+ weeks of basketball, complete uniform (shirt and short), Dribble, Jump & Shoot Competitions, Year-End Play-Off Tournament, Awards Presentation Night, and more.

*CHECK-OFF DAYS OF THE WEEK ATHLETE MAY PARTICIPATE BASED ON OTHER COMMITMENTS. NO GUARANTEES, BUT WILL HELP DETERMINE SCHEDULE FOR THE DIVISION.*

MONDAY /  TUESDAY /  WEDNESDAY /  THURSDAY

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

(INTRO) 6-7 YEARS     (NOVICE) 8-9 YEARS

(ATOM) 10-11 YEARS     (BANTAM) 12-13 YEARS

(MIDGET) 14-16 YEARS

GIRLS DIVISION

BOYS DIVISION

### REP-1, REP-2 & ALL-STAR PROGRAM

Weekend basketball consisting of practices, games, and tournaments from September to May.

\$350\* includes all fees for practices, games, OBA sanctioned tournaments and Ontario Provincial Championships, 1-8x10 Digital Mate photo of player and team, Dribble, Jump & Shoot Competitions, and banquet.  
\* Uniform cost is not included.

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



**PLEASE CIRCLE and/or CHECK-OFF PROGRAM YOU WISH TO REGISTER FOR**

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 PLAYE 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 THA ASKETBALL 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 BASKETBAL 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)