

# IEM Basketball

York Region's Fastest Growing & Largest House League



## REGISTRATION FORM 2011- 2012

### WINTER HOUSE LEAGUE

**1-NIGHT PER WEEK** 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

GIRLS DIVISION     BOYS DIVISION

(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

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

#### HOW TO REGISTER EARLY?

Complete the registration form and mail-in with your payment attached to:  
**IEM BASKETBALL LEAGUE INC.**  
913 Ataire Road, Newmarket ON L3X 1L3

#### REGISTRATION DATES

Sir William Mulock Secondary School  
705 Columbus Way, Newmarket  
(CAFETERIA)

Monday, September 12th	6:00pm - 9:00pm
Wednesday, September 14th	6:00pm - 9:00pm
Thursday, September 15th	6:00pm - 9:00pm
Monday, September 19th	6:00pm - 9:00pm
Thursday, September 22nd	6:00pm - 9:00 pm

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

Try-Outs START the Weekend of September 17th

Complete Schedule at:

<http://www.iembasketball.com/repSchedules.php>

• 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 DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ HEIGHT: \_\_\_\_\_ feet \_\_\_\_\_ inches WEIGHT: \_\_\_\_\_ lbs

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

ADULT PLAYER, PARENT OR GUARDIAN'S SIGNATURE

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)