



IEM Basketball

York Region's Fastest Growing and Largest Basketball Program
Newmarket, Aurora, Keswick, East Cwllimbury, Bradford

Rep Program Registration Form 2011 - 2012

NAME OF ATHLETE: _____ MALE: FEMALE:

- U10 Novice** **U13 Bantam** **U15 Midget** **U17 Juvenile**
 U11 Atom **U14 Major Bantam** **U16 Major Midget** **U19 Junior**
 U12 Major Atom

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: _____

SIGNATURE: _____ DATE: DAY _____ MONTH _____ YEAR _____

ADULT PLAYER, PARENT OR GUARDIAN'S SIGNATURE

IEM Basketball REP1 & REP2 Fee **\$400.00***.

This fee covers all practices, games, **OBA sanctioned tournaments and Ontario Provincial Championships**, (1) 8"x10" 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 SUBMITTED ONCE YOU HAVE BEEN SELECTED FOR A TEAM (SIZE 8.5 x 11 SHEET).

Do you wish to order a new uniform for this season? Yes No

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.

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)