



## REGISTRATION FORM

(MEN-18+ DIVISION)

### WINTER MEN-18+ LEAGUE

Weeknight basketball consisting of 20-REGULAR SEASON GAMES plus PLAY-OFFS, starting October and ending May.

Anticipating 18-Team League with 1-Game per Week and "Possible Playing Days" of:

Monday, Tuesday, Wednesday, Thursday, Friday

PLAYER REGISTRATION FEE - **\$225**

OR

TEAM REGISTRATION FEE - **\$2000** (UNLIMITED PLAYERS)

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

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

### GAME DATES, TIMES and LOCATIONS:

Monday, Tuesday, Wednesday, Thursday, Friday

**Magna Centre 10:00pm**

Tuesday

**Newmarket High School 8:15pm, 9:30pm**

Wednesday

**Sacred Heart Catholic High School 9:00pm**

Thursday

**Sir William Mulock Secondary 8:00pm, 9:15pm**

**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'  DIVISION 'B'

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:  8:00PM  9:00PM  9:15PM  10:00PM

PREFERRED SCHOOL (IF ANY):  MAGNA CENTRE  SIR WILLIAM MULOCK SECONDARY  
 SACRED HEART CATHLOIC HIGH  NEWMARKET HIGH

### RELEASE AND WAIVER

I HEREBY GIVE MY CONSENT FOR THE ABOVE MENTIONED PLAYE TO PLAY BASKETBALL UNDER THE AUSPICES OF THE IEM BASKETBALL LE 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 HE 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: \_\_\_\_\_  
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)