



AT RIVERFRONT SPORTS COMPLEX 5 West Olive St Scranton PA 18508 - 570-558-3833

# Girls 4-5<sup>th</sup>, 5-6<sup>th</sup> grade Fall Team League Registration 2011

**8 Games Guaranteed - All Games Stop Clock 13 min Halves**  
**7 Games plus everyone makes playoffs**  
**\$300 starts Monday Sept 19th**

**Games are on Monday Nights, Semis and Championship Nov 21**  
**each team must supply a scorekeeper or clock operator**

**Entry in this League includes a \$40 off Coupon for Monday Night Winter Team League**

Please Print:

Age Group  4-5<sup>th</sup> grade (8.5ft baskets)  5-6th Grade  Fall Girls Team League

Team Name: \_\_\_\_\_ Coaches Name \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail \_\_\_\_\_

**Payment Information: Amount Charged: \$ \_\_\_\_\_**

**Card #: \_\_\_\_\_ Exp: \_\_\_\_\_**

**Name on Card: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_**

My players are in excellent physical health and capable of participating in strenuous physical activity, and waive Backcourt Hoops of any and all responsibilities for injury or illness. I hereby authorize the director of Backcourt Hoops to act for me according to their best judgment in any emergency requiring medical attention. I understand that I am solely responsible for the payment of any such medical expenses and must provide Backcourt Hoops with proof of insurance. I also understand that my payments are non-refundable, non-transferable under any circumstances.

Signature of Parent/Guardian/Coach \_\_\_\_\_ Date: \_\_\_\_\_

**Mail or Fax to: fax 570-558-3835**

office use only: Amt pd. \_\_\_\_\_ Date Rec. \_\_\_\_\_ Balance: \_\_\_\_\_