



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 & 7-8th Junior High Winter Team League Registration 2011-12

9 Games Guaranteed

8 Games plus everyone makes playoffs

\$320 starts Monday Nov 28th

Games are on Monday night thru Feb.

each team must supply a scorekeeper or clock operator

Please Print:

Age Group \_\_\_ 4-5<sup>th</sup> grade (8.5ft baskets) \_\_\_ 5-6th Grade \_\_\_ 7-8th Grade

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

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

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

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

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

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

Card #: \_\_\_\_\_

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

My child is 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 \_\_\_\_\_ Date: \_\_\_\_\_

Mail or Fax to: fax 570-558-3835

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