



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

Boys 4-5th and 6th Grade Fall Team League Registration 2015

Any Questions Contact John E. Bucci at
jbucci@backcourthoops.com

League Cost \$250.00 Six Game season
Games on Monday Nights

September 21st, 28th October 5th, 12th, 19th, 26th November 2nd, 9th
Each team must supply a scorekeeper or clock operator

Please Print:

Age Group ___4-5th grade (8.5ft baskets) ___ 6th Grade Fall Boys Team League

Team Name: _____ Coaches Name _____

Street: _____ City: _____ State: ___ Zip: _____

Phone: _____ Cell Phone _____ E-Mail _____

2nd Contact Name _____

Street: _____ City: _____ State: ___ Zip: _____

Phone: _____ Cell Phone _____ E-Mail _____

Payment Information: Amount Charged: \$ _____

Card #: _____ Exp: _____ Billing Zip Code _____

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 Hoopsto 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: _____