# 2011 BASKETBALL REGISTRATION FORM

**SPRING** ☐ **SUMMER** ☐ **FALL** ☐ **WINTER** ☐

Name of Participant_____ (M / F) Age _____Date of Birth_____
**(Last)** **(First)**

Address_____City_____State_____Zip_____

Email address: _____

Parent(s) or Guardian(s) name_____

Home phone_____ - _____ - _____ Cell phone _____ - _____ - _____ Work phone _____ - _____ - _____

Emergency contact: Name_____ Phone _____ - _____ - _____

Shirt Size: YS YM YL AS AM AL AXL AXXL *(Re-orders will be charged $20)*

I am willing to participate as a volunteer in support of this program as a:
*(Please complete coach volunteer registration form)*
**Coach** **Assistant Coach** **Official**
Name: _____

Sports Scholarship Donation: _____$10_____$25_____$50_____$100 Other_____
Help a child play youth sports (tax deductible contribution)

## Program Fees

| Youth Registration: Youth Player: | | Team Registration Youth Team: | | Adult Registration: Adult Player Division I & II | | Team Registration Adult Team Division I & II | |
|---|---|---|---|---|---|---|---|
| Early Reg. | $75 | Early Reg. | $600 | Early Reg. | $50 | Early Reg. | $450 |
| Regular Reg. | $85 | Regular Reg | $700 | Regular Reg. | $60 | Regular Reg. | $550 |
| Late Reg. | $100 | Late Reg. | $800 | Late Reg. | $70 | Late Reg. | $650 |

**Participation Waiver**

I understand that the Central Florida Hoops INC. assumes no responsibility for injuries or illness which my child may sustain as a result of his/her physical condition or resulting from his/her athletic activities, sports program, the use of any equipment, exercise or activities. I expressly acknowledge on behalf of myself that I assume the risk for any and all injuries and illness, which may result from my child's participation in these activities. I hereby release and discharge Central Florida Hoops INC., it's agents, servants and employees from any and all claims for injury, illness, death, and loss or damages which my child may suffer as a result of his/her participation in these activities. I give permission to Central Florida Hoops INC. to use, without limitation of obligation, photographs, film footage, or tape recordings, which may include me or my family's image or voice for the purpose of promoting or interpreting Central Florida Hoops INC. programs. All leagues could involve some travel to other Central Florida Hoops INC. Locations for games. If registering during late registration you will incur a $20 additional fee for a special order. All Fees are non-refundable after league play begins. A $30 non refundable administrative fee will apply if refund is requested in writing before first game. NSF Checks will incur a $30 additional fee.

**Acceptance**

I acknowledge the waiver set forth above, and being in sympathy with the Mission Statement of the Central Florida Hoops INC. agree to sign this waiver.

_____
Signature of Parent, Guardian or Adult Player Date

Amount Paid: $_____ Scholarship: $_____

Date: _____ Staff: _____

Cash/Check #: _____ Credit: _____

Central Florida Hoops INC. P.O. Box 781984 Orlando, FL 32878 321.297.6028

**WWW.CENTRALFLORIDAHOOPS.COM**