2010-2011 WINTER BASKETBALL REGISTRATION FORM

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:	Team Registration	Adult Registration:	Team Registration
Youth Player:	Youth Team:	Adult Player Division I & II	Adult Team Division I & II
1 Season $85	1 Season $750	1 Season $80/ $65	1 Season $700/$600
2 Seasons $150	2 Seasons $1,400	2 Seasons $140/$120	2 Seasons $650/$550
3 Seasons $210	3 Seasons $1,950	3 Seasons $210/$165	3 Seasons $600/$500
4 Seasons $240	4 Seasons $2,400	4 Seasons $250/$200	4 Seasons $550/$450

*Registration Deadline for Winter Youth League is 12/17/2010 if registering after deadline you will incur a $15 late fee per player.

*Registration Deadline for Winter Adult League is 11/19/2010 if registering after deadline you will incur a $15 late fee per player.

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: _____