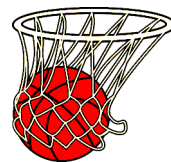




# STERLING BASKETBALL LEAGUE



## BOYS AND GIRLS BASKETBALL REGISTRATION FORM

|                                                                                                                                                                     |                                   |                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------|
| PLAYER'S NAME: _____                                                                                                                                                |                                   | HOME PHONE: _____                                                |
| PARENT NAME: _____                                                                                                                                                  |                                   | MOBILE PHONE: _____                                              |
| PARENT E-MAIL: _____                                                                                                                                                |                                   | GENDER (CIRCLE ONE): M / F                                       |
| ADDRESS: _____ CITY: _____ ZIP: _____                                                                                                                               |                                   |                                                                  |
| DATE OF BIRTH: _____                                                                                                                                                | AGE (as of Dec. 1st, 2019): _____ | PLAYER'S SCHOOL: _____                                           |
| <b>BIRTH CERTIFICATE VERIFIED AT FIRST PRACTICE</b>                                                                                                                 |                                   | PLAYER'S GRADE: _____                                            |
| Returning players: Please complete the following:                                                                                                                   |                                   |                                                                  |
| LAST YEAR'S TEAM: _____ MANAGER'S NAME: _____                                                                                                                       |                                   |                                                                  |
| I DO <b><u>NOT</u></b> WANT TO PLAY FOR LAST YEAR'S TEAM (Initial): _____<br>(Player will be placed in draft)                                                       |                                   | PARENT PARTICIPATION?<br>HEAD COACH__ ASST. COACH __<br>OTHER __ |
| If Possible Please Buddy With (One Person Only Please): _____                                                                                                       |                                   | Medical Notes: _____                                             |
| Registration Fee: \$105 per player (\$10 discount available for siblings, not available with online registration)                                                   |                                   |                                                                  |
| Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check payable to: Treasurer City Of Sterling Heights # _____ <input type="checkbox"/> Charge |                                   |                                                                  |
| Visa/MC/Discover # _____ + 3 digit _____ Exp. Date: _____                                                                                                           |                                   |                                                                  |
| For Visa/MC/Discover charges please sign here: _____                                                                                                                |                                   |                                                                  |

I hereby agree to abide by the rules and regulations set forth by the Department of Parks and Recreation, City of Sterling Heights, and the Sterling Heights Basketball Club. Furthermore, in consideration for you accepting this form, I hereby for myself, my heirs, executors, and administrators, waive and release all rights and claims for damages I may have against the City of Sterling Heights, Department of Parks and Recreation, Sterling Heights Basketball Club, its agents, representatives, successors, and assignees, for any and all injuries suffered through participation in this program, or which may arise out of traveling to, participating in, and returning from this program. I further grant permission to all of the foregoing to use any photographs, video, recordings or any other record of related events for any legitimate purpose, including broadcast on cable TV and newspaper publication.

I acknowledge that I have read this agreement, understand its terms, including the waiver and release of liability and agree to abide by them, and I have been provided a copy.

I understand that the Sterling Basketball Club cannot guarantee the Buddy System INITIAL: \_\_\_\_\_

SIGNED: \_\_\_\_\_

PRINT: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DATE: \_\_\_\_\_, 2019

|                                    |
|------------------------------------|
| <b>SHIRT SIZES</b> (circle choice) |
| YS YM YL YXL AS AM AL AXL A2XL     |

|                                    |
|------------------------------------|
| <b>SHORT SIZES</b> (circle choice) |
| YS YM YL YXL AS AM AL AXL A2XL     |