

**LAKESIDE HOOPS
REGISTRATION FORM**

(Print Legibly)

Age as of 01/01/2017: _____

Grade 2016-'17 school year _____

Name: _____
Last *First* *M.I.*

Address: _____

City *State* *Zip Code*

Telephone Number: (____) _____ E-mail address: _____

Date of Birth: _____ Height: _____

Prior Basketball Experience: _____

Position(s) Played: _____

If you are covered by accident and/or health insurance, provide the name of the company and policy/
account number: _____

A \$100 non-refundable deposit will be due at tryouts for player to be placed on a team.
The remaining non-refundable player's fee is due one week after tryouts.

Athlete's Signature (if you are over age 18): _____
Date

Parent/Guardian Signature: _____
Date

Please also read and sign the Permission, Authorization, Waiver and Hold Harmless form.

I do hereby give **LAKESIDE HOOPS**, its assigns, licensees, and legal representatives the irrevocable right to use my daughter's name, picture, portrait, or photograph in all forms and media and in all manners, including composite, for advertising, for publication or any other lawful purposes. I waive any right to inspect or approve the finished product, including written copy, which may be created in connection therewith, and I waive any right to royalties or other compensation arising from or related to the use of the photographs.

(Signature)

(Print Name)

Please bring to try-ins or mail registration form and waiver form with \$10 gym fee to:

LAKESIDE HOOPS
PO Box 398, Cedar Springs, MI 49319
(616) 918-3745

A returned check penalty fee of \$35 will be charged for any check dishonored by the drawee bank.

| | |
|--|----------------|
| Official Use Only: Try-in Fee Paid (Date): _____ | Payment: _____ |
| Fall Player's fee Paid (Date): _____ | Payment: _____ |