WEST MIDLAND FAMILY CENTER BASKETBALL TEAM AND LEAGUE REGISTRATION

(Please print NEATLY. Fill is all * areas.)		
	*MANAGER'S NAME:	
*TEAM NAME:	*MANAGER'S HOME PHONE:	
*MANAGER'S HOME ADDRESS:	*MANAGER'S WORK PHONE:	Basketball Player Fees
	*MANAGER'S CELL PHONE:	3 on 3 Fall \$30.00
	*MANAGER"S FAX NUMBER:	3 on 3 Winter \$30.00
*CITY: *ZIP:		3 on 3 Late Winter \$30.00
****MINIMUM 2 PLAYER ROSTER	* MANAGER'S EMAIL ADDRESS:	

I agree to play /manage with the above team for the current season in accordance with the rules of the league and Center. I further agree to hold harmless the Center, it's employees, officials, other players and the Board of Directors and I accept all responsibility and liability that might arise out of my participation in the league. I fully understand that there is great personal risk in my playing this sport and I accept all the consequences that might result from my decision to play. I also agree to play and act in a sportsman-like manor and agree to be a calming influence on other team members when needed.

							STAFF USE ONLY						
						EMAIL	CELL	AMOUNT	CASH/		STAFF	DATE	PLAYER
#	PLAYER'S SIGNATURE	PRINTED NAME	ADDRESS	CITY	ZIP	ADDRESS		PAID	CHECK	DATE	INITIALS	DROPPED	INITIALS
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