

CROWN POINT PUPS BASKETBALL REGISTRATION FORM

PAID \$ _____

CK. NO. _____

Player's Name		Birth date	
Address		City	
Father's Full Name		Phone	
Mother's Full Name		Phone	
School		Age on June 1, 2009	
Grade this Fall	Sex (circle one) M F	Approx. Height	
Shirt Size	(circle one) Youth S Youth M Youth L Adult S Adult M Adult L Adult XL		
E-mail address			

I wish to volunteer for the above child's team as: Coach _____ Asst. Coach _____ My Name: _____

<p>My child will be unable to attend practice for Pups Basketball on the following day(s) of the week:</p> <p>Every effort is made to honor requests, but we cannot guarantee that they will be met</p>	<p>My Major, Senior or Prep Division son is trying out for a school team and may not be able to participate in Pups Basketball. Please hold my check until I notify you of his status. I have included a self addressed, stamped envelope to return my check.</p> <p>Please Check here _____</p>	<p>I make the following request special coach, teammate or practice night) for my Junior Division child:</p> <p>Every effort is made to honor requests, but we cannot guarantee that they will be met</p>	<p>Does your child intend to play AAU/ other during the Pups season?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
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We agree to be responsible for any accident or injury to the above named player resulting from participation in Pups Basketball and that neither Crown Point Pups Basketball, Inc. nor the Crown Point Community School Corporation shall be in any way liable for such accident or injury. We also agree to abide by the Crown Point Pups Rules and to behave in a sportsmanlike manner at Pups games which we may attend. "I hereby release my child's photographic likeness, if part of a promotional photo, to be included on the Pups Basketball website."

SIGNATURE OF PARENT OR GUARDIAN _____ Date _____

FOR LEAGUE USE ONLY	DIVISION	TEAM	NO.
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