



LAKESIDE HOOPS

REGISTRATION FORM

(Print Legibly)

Age as of 01/01/2010: _____

Grade '09-'10 school year _____

Name: _____
Last First M.I.

Address: _____

City State Zip Code

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

Date of Birth: _____ **Height:** _____ **Adult**
Uniform Size: _____

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: _____

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

Parent/Guardian Signature: _____
Date

Do you need a reversible jersey? ____Yes ____No

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

Please enclose a check for the \$25.00 non-refundable try-out fee made payable to:
LAKESIDE HOOPS. Mail check, registration form, and waiver form to:

LAKESIDE HOOPS
C/O Jason Slater
PO Box 398, Cedar Springs, MI 49319
(616) 918-3745

The non-refundable player's fee is due at the first team practice. _____
(Initial)

<i>Official Use Only: Try-in Fee Paid (Date):</i> _____ <i>Check No.:</i> _____
<i>Fall Player's fee Paid (Date):</i> _____ <i>Check No.:</i> _____
<i>Spring Player's fee Paid (Date):</i> _____ <i>Check No.:</i> _____