WEST MIDLAND FAMILY CENTER
BASKETBALL TEAM AND LEAGUE REGISTRATION

(Please print NEATLY. Fill is all * areas.)

***TEAM NAME:**_____

***MANAGER'S HOME ADDRESS:**

_____

***CITY:**_____ ***ZIP:**_____

******MINIMUM 7 PLAYER ROSTER**

***MANAGER'S NAME:**_____

***MANAGER'S HOME PHONE:**_____

***MANAGER'S WORK PHONE:**_____

***MANAGER'S CELL PHONE:**_____

***MANAGER"S FAX NUMBER:**_____

*** MANAGER'S EMAIL ADDRESS:** _____

Basketball Player Fees	
3 on 3 Fall	**$30.00**
Men's Winter	**$55.00**
3 on 3 Summer	**$30.00**

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					
#	PLAYER'S SIGNATURE	PRINTED NAME	ADDRESS	CITY	ZIP	EMAIL ADDRESS	CELL	AMOUNT PAID	CASH/CHECK	DATE	STAFF INITIALS	DATE DROPPED	PLAYER INITIALS
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													