



BASKETBALL LEAGUE WINTER LP 2018

Dates/Time: Starting **January 30, 2018**. Games will be held **Tues**. nights starting at **5:30PM**.

Cost: \$825 per team for members and \$925 for non-members.

or **\$119** per member | **\$149** non-member

* Captain pays in full at time of team registration.

Information: Ages 18 and over

Team Minimum of 7 players

League is 9 weeks plus 1 week for playoffs.

All teams guaranteed 9 games. Two IHSA certified referees

Prizes for the league championship team

WINNING TEAMS GET 2 COMPLIMENTARY PITCHERS OF BEER.

For more information contact: LPBasketball@LakeshoreSF.com

Lakeshore Sport & Fitness Basketball Registration Form

Please return application to LPBasketball@LakeshoreSF.com

•	
Date	
TeamCaptain'sName	
Team Name	
Home Phone Work Phone	
Mobile Phone Email Address	
Address	Zip Code
EmergencyContactName	Phone
Membership Status: Yes ○ No ○ Registering as: Team ○ Individual ○	
Game Times: TUESDAY 5:30PM, 6:30PM, 7:30PM	
Player Name Player Phone Player Email	Jersey Size
Payment options / Full payment is due by Januarary 23, 2018.	
Payment Method OCheck (please enclose check) #OHouse Char	rge OCredit Card
Credit Card Card Number Ex	кр. Date
Policies: Participants must pay 10% at the time of registration . All members will be billed on their Lakeshore SF account if payment is not received.	ved with registration form.
Terms and Conditions I agree to assume full risk and to waive, relinquish and release all claims against the agents, servants and emdamages or loss sustained on account of participation in this program. If I am registering a minor, child, or a spouse for this program yrights and agree to fully indemnify Lakeshore SF for any and all claims brought on their behalf. I understand that I am responsib must cover all medical costs incurred. I also covenant not to sue Lakeshore SF or assert any claims against Lakeshore SF for any and all claims against Lakeshore SF for any against Lakes	m, I hereby waive their rights to the same extent as if they were ble for all personal medical insurances and that as a participant, I all liability arising out of my participation or my child's or spouse's
participation in this program, even if the injury arises out of negligence that may be foreseeable. I agree to emergency treatment by or I cannot be reached.	