



# BASKETBALL LEAGUE

## FALL IC 2019

The LSF @ IC downtown basketball league starts the week of September 16th. League play is every Tuesday night for eight weeks before ending in the play-offs. All teams are guaranteed eight regular season games. Each team will play one game a week.

The league is capped at 8 teams per night. Be sure to register early to guarantee your spot. Players must be 18 or older, and teams must have a minimum of seven players, maximum of ten players. Games begin at 6:30pm.

Two IHSA Certified referee's for every game. Detailed individual and team statistics e-mailed after every game. Uniforms included in the league fee. Prizes awarded to top two teams. Full Size Basketball Court with Shot Clocks, Spectator Seating and Full Locker-room Privileges. Fee also includes two scheduled practices before or during the regular season.

### **COST:**

**\$895** per team, or **\$119** per LSF member \*  
**\$1,045** per team, or **\$149** per non-member \*

*\*Captain pays 10% deposit at time of team registration.  
Remainder of fees due October 11th*

For more information, contact  
[ICBasketball@LakeshoreSF.com](mailto:ICBasketball@LakeshoreSF.com)

# Lakeshore Sport & Fitness Basketball Registration Form

Please return application to [ICBasketball@LakeshoreSF.com](mailto:ICBasketball@LakeshoreSF.com).

Please print clearly and fill out each field.

Date \_\_\_\_\_

Captain's Name \_\_\_\_\_

Team Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_ Address \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Membership Status:  Member Number \_\_\_\_\_  Guest Number \_\_\_\_\_

Game Times: (choose preferred day and time slot) Tuesday:  6:30pm - 7:30pm  8:30pm

Player Name	Player Phone	Player Email	Jersey Size

## Payment options / 10% payment is due at the time of registration: Remainder due October 11, 2019:

Payment Method  Check (please enclose check) # \_\_\_\_\_  House Charge  Credit Card  
Credit Card \_\_\_\_\_ Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

\*There is a 4% processing fee on Credit Card transactions.

**Policies:** Participants must pay at the time of registration . All members will be billed on their Lakeshore SF account if payment is not received 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 employees of Lakeshore SF from any such claims resulting in injury, damages or loss sustained on account of participation in this camp program. I understand that I am responsible for all personal medical insurances and that as a participant must cover all medical costs incurred. I also understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that the emergency contact or I cannot be reached. Please note that by signing this document, you understand that it is now KLEIN-TIME!

Signed: \_\_\_\_\_ Date: \_\_\_\_\_