



BASKETBALL LEAGUE

WINTER
IC 2022

Dates/Time:

Starting **January 12, 2022**. Games will be held **Weds** nights starting at **6PM**.

Cost:

\$950 per team (members only)

or **\$125** per member

* Captain pays 50% at time of team registration. Remainder due by January 7th.

Information:

Ages 18 and over

Team Minimum of 8 players

League is 8 weeks plus 1 week for playoffs.

Two IHSA certified referees

Reversible Team Uniforms included.

Weekly Team & individual Stats

Prizes for 1st & 2nd place teams

**For more information contact:
ICBasketball@LakeshoreSF.com**

Lakeshore Sport & Fitness Basketball Registration Form

Please return application to ICBasketball@LakeshoreSF.com

Please print clearly and fill out each field.

Date _____

TeamCaptain'sName_____

Team Name _____

Home Phone _____ Work Phone _____

Mobile Phone _____ Email _____ Address _____

Address _____ Zip Code _____

EmergencyContactName_____ Phone _____

Registering as: Team ☐ Individual ☐

Game Times: WEDNESDAY 6PM, 7PM, 8PM

Player Name	Player Phone	Player Email	Jersey Size

Payment options / Full payment is due by January 7, 2022.

Payment Method ☐ Check (please enclose check) # _____ ☐ House Charge ☐ Credit Card

Credit Card _____ Card Number _____ Exp. 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 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 program. If I am registering a minor, child, or a spouse for this program, I hereby waive their rights to the same extent as if they were my rights and agree to fully indemnify Lakeshore SF for any and all claims brought on their behalf. I understand that I am responsible for all personal medical insurances and that as a participant, I must cover all medical costs incurred. I also covenant not to sue Lakeshore SF or assert any claims against Lakeshore SF for any 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 a physician or hospital in the event that the emergency contact or I cannot be reached.

Signed: _____ Date: _____