

**2009-2010 Buddy Basketball League Registration Form**

Please submit completed form and payment by Saturday, **November 14<sup>th</sup>, 2009** to: **BUDDY BASKETBALL LEAGUE, MASON COMMUNITY CHURCH, 1000 E COLUMBIA ST, MASON MI 48854. Make checks payable to: Mason Community Church. Parent's must sign Permission/Waiver. We have a few scholarships available, if needed. Please call the church office at (517) 676-5322 for more info.**

**\*Fee for new players (or those returning players needing a new jersey): \$30.00.**

**\*Fee for all returning players who already have a jersey: \$20.00.**

**NOTE:** A late fee of **\$10 will be charged** for those registering after November 14<sup>th</sup>, 2009.

Due to the large number of registration forms we process, we are unable to accommodate requests (for coaches, or to be with a friend) **to those who register after November 14<sup>th</sup>. We will try our best to accommodate the requests received before November 21<sup>st</sup>, but are not always able to grant these requests due to the larger number of participants in the program.** Thank you for your understanding and cooperation. The Buddy Basketball League

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Male \_\_\_\_\_

Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Grade \_\_\_\_\_

Need a Jersey? Yes \_\_\_\_\_ No \_\_\_\_\_ **Circle Size: (adult sizes ONLY) S M L XL**

Parents' names and numbers to call in case of an emergency:

Dad \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Mom \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Any medical problems we should be aware of? No \_\_\_\_\_ Yes \_\_\_\_\_ Explain \_\_\_\_\_

**Parental Permission and Waiver**

**I, the undersigned, being the parent or legal guardian of the above named child, give my permission for him/her to participate in the Buddy Basketball League sponsored by Mason Community Church. I also agree to, not hold Mason Community Church, The Buddy Basketball league or Heartwood School liable for any injury he/she might receive while participating in this program.**

**In order to make this program a success we need your help with:**

\_\_\_\_\_ Coaching \_\_\_\_\_ Asst. Coaching \_\_\_\_\_ Refereeing (a parent, grandparent, etc.)

**How much has your child played?**

\_\_\_\_\_ First time \_\_\_\_\_ Some \_\_\_\_\_ Good Amount \_\_\_\_\_ A lot

**OFFICE USE ONLY**

Date \_\_\_\_\_ Reg No. \_\_\_\_\_ Amount \_\_\_\_\_ PD \_\_\_\_\_ CA \_\_\_\_\_ CK# \_\_\_\_\_  
S \_\_\_\_\_

Jersey ordered \_\_\_\_\_ Size : S M L XL In'l \_\_\_\_\_