

# NorthShore SPORTSPLEX

## BASKETBALL REGISTRATION FORM

FALL BASKETBALL LEAGUE

Student name	Parents name
DOB	Address
Age	City / Zip
Gender	Phone #
School	Emails
Grade	Illness or Conditions
BB experience	Emergency#

Fathers Place of Work	
Mother Place of Work	

**WAIVER OF LIABILITY:** *I agree I will not hold accountable Northshore Sportsplex, Northshore Titans, Northshore Basketball Training Center, its Trainers or Charles Tracey responsible for any injuries sustained or illness contracted while a participant at or on the premises of NSP, LLC.*

Signature \_\_\_\_\_

**PAYMENTS MADE VIA**      Pay Pal \_\_\_\_\_ Info on website  
**1<sup>st</sup> week of Month:**      Direct Deposit \_\_\_\_\_ form in lobby