

# GREENRIDGE GIRL'S BIDDY BASKETBALL LEAGUE

2009-10 REGISTRATION FORM [www.backcourthoops.com](http://www.backcourthoops.com) 558-3833

Starts Saturday Nov 7th 2009 Clinic B, C & D Level 9:30am . "A" age group 10:30am  
Games Played Sat Mornings – Early Afternoon at Backcourt Hoops  
\$45 per child 2nd child in same family \$40 3rd \$35 Reg Deadline Oct 30th

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Age as of 9/1/08 \_\_\_\_\_

School: \_\_\_\_\_

Any Significant Medical History?:  
\_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Shirt Size: (Circle One) YM YL AS AM AL AXL AXL  
LEAGUE: (Circle One) A 6<sup>th</sup>- 7th-8th Gr B 4th-5th Gr C 2<sup>nd</sup>-3<sup>rd</sup> Gr D K-1st Grade

I would be willing to help sponsor a team. Name \_\_\_\_\_ Phone \_\_\_\_\_

(includes your name on team shirts) \$100 Sponsor Name \_\_\_\_\_

Yes, I Will Volunteer to help The Greenridge Girl's Basketball League (please select 1 or 2 below)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Coach Which League? \_\_\_\_\_

Asst. Coach Which League? \_\_\_\_\_ Timer/ScoreBook \_\_\_\_\_

### Payment Information: \$45 per child 2nd child in same family \$40 3rd \$35

I hereby give permission for my daughter to participate in the Greenridge Girl's Basketball League at B. My child is in excellent physical health and capable of participating in strenuous physical activity, and waive Greenridge Girl's Basketball League and Backcourt Hoops of any and all responsibilities for injury or illness. I hereby authorize a representative of the Greenridge Girl's Basketball League or director of Backcourt Hoops to act for me according to their best judgment in any emergency requiring medical attention. I understand that I am solely responsible for the payment of any such medical expenses and must provide Backcourt Hoops with proof of insurance. I also understand that my payments are non-refundable, non-transferable under any circumstances.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card VISA MC AMEX # \_\_\_\_\_ EXP Date \_\_\_\_\_

Mail or drop off at:

Greenridge Girls Basketball League at Backcourt Hoops (riverfront sports complex)  
5 West Olive Plaza Scranton PA 18503 570-558-3833 fax 558-3835

Office Use: Amount Pd. \_\_\_\_\_ Date Rec. \_\_\_\_\_ Balance: \_\_\_\_\_