



HOUSE LEAGUE
2010

Name: _____

Address: _____

Telephone # _____ Email Address: _____

Date of Birth: _____ Grade: _____ Health Card #: _____
Month/ Day/Year

If new to program or jersey is being ordered, please indicate Shirt Size: **Youth S M L Adult S M**

Emergency Contact (If not present during sessions) _____

Emergency Phone #: _____

Medical Conditions or Allergies: _____

I hereby authorize my daughter, _____, to participate in the TRANSWAY BASKETBALL HOUSE LEAGUE. I authorize the program organizers to act for me in their best judgement in any emergency requiring medical attention. I hereby agree to save harmless the TRANSWAY BASKETBALL HOUSE LEAGUE, it's organizers, sponsors, agents, officials and representatives from all liability however caused in connection with taking part in the TRANSWAY BASKETBALL HOUSE LEAGUE.

Signature of Parent or Guardian: _____ Date: _____

WHEN: Sunday, September 26 – December 05, 2010

**WHERE: Cathy Weaver School
160 Wentworth Street North, Hamilton, Ontario**

TIME: Girls born 2003 and younger @ 9:00 - 10:00 a.m.
Girls born 2001 and 2002 @ 10:00 – 11:00 a.m.
Girls born 1999 and 2000 @ 11:00 – 12:00 noon
Girls born 1998 and 1997 @ 12:00 – 1:00 p.m.

**COST: \$ 75.00 returning players (no jersey provided)
\$ 85.00 1st year players & returning players who require a jersey
Shirt size: Youth S M L Adult S M**

**Discount of \$10.00 per additional player from immediate family
Cheques made payable to: *Transway Basketball***

**Mail Application to: Transway Basketball House League
82 Abbey Close, Ancaster, Ontario L9G 4K9**