



HOUSE LEAGUE
2009

Name: _____

Address: _____

Telephone # _____ Email Address: _____

Date of Birth: _____ Grade: _____ Shirt Size: **Youth S M L Adult S M**
Month/Day/Year

Health Card #: _____

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 27 – December 06, 2009

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

TIME: Girls born 2002 and younger @ 9:00 - 10:00 a.m.
Girls born 2000 and 2001 @ 10:00 – 11:00 a.m.
Girls born 1999 and 1998 @ 11:00 – 12:00 noon
Girls born 1997 and 1996 @ 12:00 – 1:00 p.m.

COST: \$ 75.00 per player due at first session
\$ 85.00 if you require a reversible 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