

2017 DG WARRIORS FALL BASKETBALL LEAGUE REGISTRATION FORM

Player Name: _____ Date of Birth: _____

Male/Female Age: _____ Grade Entering Fall 2017: _____ School: _____

for 8th grade and above: on school team last year yes no Cost: \$195/individual

Method of Payment: _____ Paid Online/Pay Pal or _____ Check/Money Order Enclosed

Parents Names _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number:

Cell phone numbers _____

Email: _____

Waiver: I understand that I am enrolling my child in the DG Sports Basketball Program and that DG Sports, Bob Fruchter, and any facilities that are used or any coaches will not be liable for any injuries incurred during participation in the program. I also understand that there are no refunds. If a player is injured and can't continue, he or she will receive a prorated credit towards another DG Sports Basketball Program.

Signature of Parent/Guardian: _____ Date: _____

INNER OFFICE

fees paid _____ date paid _____ receipt # _____

MAIL TO: DG Warriors

9103 Lake in the Woods Trail

Chagrin Falls, OH 44023