



CHAMPIONS BASKETBALL LEAGUE

Session 2

Return Registrations to: SportZone 3909 SW Burlingame Rd, Topeka, KS 66609

Refund Fee of \$20 will be charged. \$30 fee on all returned checks.

No refunds after the league begins.

Contact SportZone: 267-4658

fax- 267-4597

www.isportzone.com

The Champions basketball league is open to boys and girls from grades 3rd thru 12th grade. The league will be played at the Sportzone on Tuesdays and Wednesdays evenings starting on June 3. All teams will play 8 games with all games being doubleheaders and a postseason tourney at the end of the season. The fee will be \$50.00 per player with a minimum of 8 players per team. For more information on your eligibility rules regarding your state, call your activities association directly or school coach. Deadline for registration will be May 16 or until league is full. A \$20.00 late fee will apply after the deadline date. Please make checks payable to Sportzone.

REGISTRATION INFORMATION

Players Name: _____ Team Name: _____

Address: _____ City _____ Zip _____

Phone: _____ Alt Phone _____ E-mail _____

DIVISION: BOYS ___ GIRLS ___ GRADE LEVEL: 3rd 4th 5th 6th 7th 8th 9th 10th 11th

Preferred COACH or TEAM _____

Shirt size: YM ___ YL ___ AS ___ AM ___ AL ___ XL ___ Other ___

If there are any times or days you absolutely cannot play, make mention of them here. An effort will be made to accommodate your circumstances.

Sportzone reserves the right to combine grade divisions if necessary. No team would ever play more than one grade division up or down

FOR MORE INFORMATION CONTACT TROY WISEMAN @ 785-221-2934 or nkfl1@aol.com

My signature acknowledges I am the parent or legal guardian of the above listed minor. I understand medical insurance is not provided .. I authorize those in attendance to act according to their best judgment in emergency situations requiring medical attention. I hereby waive and release the SportZone, it's staff, agents, sponsors, and/or coaches from any and all liability that may occur from accident, injury or illness sustained by my son/daughter during participation in these activities. I understand that no refunds will be applied within two weeks of the beginning date of the tournament. I understand behavior can result in removal from a program and does not constitute refund criteria. I understand that refunds, when applied, will have a 10% administrative fee accessed.. I understand that any photographs, medals, awards trophies, etc., associated with programs may be held for 30 days after the end on the activities at which time, if not claimed, will be disposed of. I understand returned checks will be accessed a \$30 processing fee. I understand that photographs of all SportZone, activities and activities conducted by leased tenants will be taken and may be used for brochures, promotions and advertising without permission. I acknowledge all information and waivers contained herein

Parents Signature: _____ Date: _____

