

If Played Before
Check Box

"Fall 2015 Dunk"

Boys League
 Girls League

Lake County Hoops Basketball League - A Member Of South Lake Recreation, Inc.

Players Name _____ Phone Number _____

Address _____ City _____ FL. Zip _____ Date of Birth _____ Sex _____

M - F Parent Name _____ 2nd Phone # or Cell _____

Parent W/Phone _____ Emergency Other than Parent _____ Phone _____

Special Requests: _____ List any Medical Conditions or Medication _____

School Attending _____ Grade _____ **Email** _____

Participants Agreement

I, _____ do hereby agree to play for the *Lake County Hoops Basketball League* and for the duration of my eligibility in league play I shall honor the team's objectives of scholarship, sportsmanship and physical fitness. I further agree to conduct myself as a young man/woman and a good sport. I also understand that I am representing Lake County Hoops Basketball League, and that any unpleasant action on my part will reflect upon the community and will result in my dismissal from my squad. I understand that if I am ejected from a game I will not be allowed **to be present** at the next game. I understand that my school work comes first above my other activities and that if my grades are not to the best of my ability or of a failing nature I will be suspended from my squad until my teachers and advisors feel - **I am doing my very best.** **I also understand that if I am suspended from school I will not be allowed to participate in practices, games or be on school property till my suspension is complete.** I also understand any misbehavior or disrespect for authority to, coaches, officials, other players, or board members shall cause me to be dismissed from my squad immediately. **I understand that I am making a commitment to my Lake County Hoops Basketball team, its parents and my coach and I am making my team my first commitment. If I miss more than 3 games the player agent shall have the right to replace me on my team. I also understand that my registration fee will not be refunded.**

Signature of Participant X _____

Read Carefully

Parents Agreement

I understand that I am responsible for my child's behavior at practices, team functions, or games and other property of Lake County Hoops Basketball League and will be responsible in seeing that it is returned to the league in an acceptable condition. **I also understand that if my child decides not to participate prior to the start of practice that \$50.00 of the registration fee is non-refundable no refunds after practices start.** I agree for my child to participate in Lake County Hoops Basketball League and I understand that this is a contact sport and my child may get hurt. I agree to not hold the organization; Lake County Hoops Basketball League, South Lake Recreation Inc., Lake County Schools, City of Clermont, officials advisors, directors or members liable for any injury received by my son or daughter at said practices, games, activities or travel. I understand that my child's actions are **my responsibility solely** and any misbehavior or disrespect for authority to, coaches, officials, other players or board members shall cause my child to be dismissed from his/her squad immediately. **I also understand that if my son our daughter is involved in fighting, destruction of property, or any action that is detrimental to Lake County Hoops Basketball – whether at a game, practice or spectator, their privilege to play basketball with LCHBL will be terminated. I also understand that my player is not to hang around the gyms after practices or games. If they are to be spectators they shall sit in the bleachers and watch or leave.**

Signature of Parent X _____ Date _____

Registration Fee **\$115.00** Paid With Application: \$ _____ Check # _____

Yes I want to contribute to the Scholarship fund. \$ _____ Included in my check..

Make Checks Payable: LC Hoops

Mail To: LC Hoops BB 1608 Indian Shore Dr. Clermont, Fl 34711 **DO NOT SEND CASH IN MAIL**

Participants Read And Sign

Parents Read And Sign.