



# HIGH SCHOOL BASKETBALL LEAGUE

## WHO?

BOYS AND GIRLS, NOT PLAYING ON ANY CURRENT IHSA TEAM

### WHEN?

SUNDAYS, 11/24-1/26

#### WHERE?

GOLFVIEW REC. CENTER

## REGISTRATION

- \$850/TEAM
- REGISTRATION DEADLINE: NOV. 13
- GAME TIMES VARY BETWEEN 9AM
  AND 1P

**REGISTRATION IS NOW OPEN!!** 

**VISIT GOLFVIEW REC. CENTER** 

**AND** 

**JOIN TODAY!** 



Register Here

**QUESTIONS? CALL-847-583-2723** 

#### High School Basketball Registration Form



Primary Household Contact (Last Name)		(First Name)	Fitness, Family and Fun	
Address		City/Zip		
Home PhoneCell	Phone	Email		
Please check (x) if you need special accommodations	s to participate in th	is program. 🗆		
Captain's Full Name	Grade	School	Team Fee \$850	
Team Name:			Circle Division (Grade as of fall of 2024)	
Team Parents:			Frosh	
Team Parent Email:	Pho	one	(420302-05)	
*All teams must have a parent coach present and on the bench at all games.  *Team Jerseys will be passed out and must be worn at all games.			Soph (420302-03)	
*All players must have their High School ID at all games.			Varsity (420302-04)	
METHOD OF PAYMENT  ☐ Cash ☐ MasterCard ☐ ☐ Check #	Visa □ Discove	er	Total Due \$	
Name:(as it appears on card)	Exp. Date:		<b>\</b>	
Signature:	Amount:	<u>Vi</u>	isit us online @ www.niles-parks.org	
Remit to: Niles Park District Registration 6676 W. Howard St. Niles, IL 60714  *Email to robin@nile *A self-addressed env		closed in order to receive a rece	eipt.	
WAIVER AND RELEASE OF ALL Countries that in sign and releasing all class read this form carefully and be aware that in sign the risk and legal liability and waiving and releasing all classing the risk and legal liability and waiving and releasing all classing at the risk and legal liability and waiving and releasing all classing at the risk and legal liability and waiving and releasing all classing recognize and acknowledge that there are certain risks full risk of any and all injuries, damages or loss, regardle programs/activities against the Niles Park District, includ I do hereby fully release and forever discharge the District have accrue to me or my minor child/ward and aris If registering on-line or via fax, your on-line or facsimile s Additionally, by signing this form, I am certifying that I que Niles Park District). If this is proven untrue, I realize that Photos are periodically taken of participants in a class, described that the state of the	ims for injuries you ing up and participatil laims for injuries, dam associated with said possible of physical injury to poss of severity, that mying its officials, agent ct from any and all claing out of connected signature shall substitualify for the rate chargemy park district privil	might sustain arising out of this ping in the above identified programs/a larges or loss which you or your minor programs/activities (including transposarticipants in these programs/activities minor child/ward or I may sustain as so, volunteers and employees (here-inaims for injuries, damages, or loss the with, or in any way associated with the ute for and have the same legal effective (i.e. if resident rate was charged, eges may be suspended or revoked.	rogram. ctivities, you will be expressly assuming or child/ward might sustain as a result of intation services/vehicle operation, when ses, and I voluntarily agree to assume the sea result of participating in all these after collectively referred as "District"). at my minor child/ward or I may have or lesse programs/activities. It am/my children are residents of the	
District use only and may be used in the District's publical have read and fully understand the above important, wa	arning or risk, assump			
PLEASE PRINT Participant's Name				
Parent/Guardian Signature		Date		