

Connecticut Breeze Basketball Fall League

Sponsored by CT Breeze

628 East Main Street

Branford, CT 06405

(203) 494-8510 Doug Shaw

doug@ctbreeze.org

2011 Fall League Registration Form

Please Print Clearly

Please Circle
Grades 5-6

Boys Division
Grades 7-8

Girls Division
High School Fresh/JV

High School JV/Varsity

Name _____

Position _____

Address _____

Grade as of 9/1/09 _____

Height _____

Home Phone _____

Shirt Size _____

Parent/Guardian Email Address: _____

If a parent is interested in coaching, please fill in the information below.

Name _____ Phone _____

Email Address _____

If you would like to be placed with friends for carpooling, list their names here:

If you are registering as part of a team please list the coach and/or school name:

Please make checks payable to CT Breeze, 628 East Main, Branford, CT 06405

Individual Registration: \$90 per player

CHECK # _____

Team Registration: \$700 per team

Are you presently covered by health insurance? Yes _____ No _____

I waive and release the Connecticut Breeze Fall League from any and all liability from injury, illness while traveling to the league, playing in the league, and while traveling home from the league. I, as parent/guardian, have actual knowledge and appreciation of the particulars of the program and hereby voluntarily consent to my minor's participation, and assume the risk therefrom. I hereby give permission for emergency treatment in the event I cannot be reached.

Parent/Guardian Signature: _____ Date _____