EP DREAM ARENA YOUTH BASKETBALL LEAGUE

Please complete and sign the following the team roster & waiver.

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| --- |
| Team Name Contact  Phone Number Email  \*\*\*IF ROSTER CARRIES MORE THAN 12 PLAYERS PLEASE PLACE THEM ON THE BACK\*\*\* |
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|  |  |  |  |
| --- | --- | --- | --- |
| PLAYER | NAME | DATE OF BIRTH | PARENT SIGNATURE |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10  11  12 |  |  |  |

**RELEASE AND HOLD HARMLESS**

Adults participant, parent or legal guardian of player, must read this waiver form. Signature on this form signifies that they have read, understand and abide by this information. There are risks associated with the participation in the above named league and its related activities. I release and hold harmless Chivas El Paso, and any and all of its affiliates, corporate sponsors, players, coaches, owners, directors, employees, and volunteers, from all action, suits, and demands and costs whatsoever in law including reasonable attorney fees and costs or equity including but not limited to the risk of injuries from participating in any program on the above named premises and to the risk of loss of personal property by theft or otherwise. The undersigned have read and understand that she/he has given up substantial rights by signing it and signs voluntarily. I hereby certify that my child is in good health and is able to participate in all activities, and any medical deficiencies have been noted below. If any attention is required for illness or injury, I will give my consent to have athletic trainer, medical doctor, nurse, hospital or clinic provide my child with medical assistance and or treatment, and agree to be responsible financially for the cost of such assistance and or treatment.

EP DREAM ARENA YOUTH BASKETBALL LEAGUE

**6969 Industrial Ave.**

**El Paso, TX 79915**

**(915) 771-6620, (915) 496-7662**

Please complete the following registration information.

We will contact you for any activity regard the youth basketball league to the contact below.

|  |
| --- |
| Team Name/Division Contact    Phone Number Email  Address City State |

Registration fee is $150.00 plus $30.00 referee fee per game for nine regular season games and guaranteed playoff game. ($400 can be paid up front to save $50 off registration and will cover your 9 regular season games and first playoff game. 2nd round and on will be $30 ref fees per game. This must be paid by your 2nd game to get this price.)

Mandatory fee of $5 for player id if they have not already obtained one. All players must be eligible according to our age guidelines as well which are found at www.quickscores.com/dreamarena.

NOTE:

* Very important that the phone number and e-mail address given is checked often for league schedules.
* NO REFUNDS after acceptances have been made.
* Game times are as schedule once two weeks out. Playoff Schedule final the Sunday before week at 9:00 PM.

**Game Days & Times:**

Mondays-Fridays (6:00 PM, 7:00 PM or 8:00 PM)

Saturday & Sunday (9:00 AM to 6:00 PM)

|  |
| --- |
| **PAYMENT-FORM** Date    Check enclosed (payable to Chivas El Paso)  Cash  Balance Payment received by |

Applicant Signature Date Coordinator Signature