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2008 Mooredale Hoops League Registration Form



Proposed 2008 Divisions

Hoops Season Plays: Early October to End of November (8 weeks)
 Mooredale Hoops offers divisions for children born in **2000 or earlier!**
 All participants **must be** RMPA members throughout the entire season
 All fees are **non-refundable after September 12, 2008.** All requests
 for refund prior to September 12th must be made in writing, and are subject to a \$20 administrative fee.
This is not a drop off program. Children must be accompanied by a parent, or caregiver, at all times.

- Junior (2000, 1999)
 Senior (1998 - 1996)

Note: In the case where a division is not viable due to registration numbers, Mooredale reserves the right to merge age groupings together to create viable divisions

- Registration Fees**
 \$125 prior to August 1, 2008
 \$140 as of August 1, 2008

Parent Information			
RMPA #	Family Name	First Name	
Street Address:		City:	Postal Code:
Phone:		EMAIL:	

Player 1: Information	Player 2: Information
Name: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Name: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth: dd / mm / yyyy Division: _____	Date of Birth: dd / mm / yyyy Division: _____
Playing Experience: <input type="checkbox"/> 1st Season <input type="checkbox"/> School Basketball - # of years _____	Playing Experience: <input type="checkbox"/> 1st Season <input type="checkbox"/> School Basketball - # of years _____

Volunteer Registration for Player 1	Volunteer Registration for Player 2
<input type="checkbox"/> Division Convenor <input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Volunteer	<input type="checkbox"/> Division Convenor <input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Volunteer

Name: _____ Phone: _____ e-mail: _____

Sponsorship Information (\$300 per team)

I am interested in sponsoring teams. Please contact me. Name: _____ Phone: _____ e-mail: _____

Payment Information—Please Print Clearly

Payment by:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Master Card <input type="checkbox"/> Visa		
Amount:	\$ _____	Card #: - - - exp m m - y y	
Name	Signature		

"I am a member of the Rosedale-Moore Park Association, and consent to the participation of the above-named and hereby release the Rosedale-Moore Park Association, its staff, Board of Directors, instructors and authorized guests from any and all actions, claims, demands for damages, loss or injury howsoever arising which may hereafter be sustained by the participant as above-named in consequence of participation in Association activities.

Parent / Guardian Signature: _____ Date: _____

Please renew our family membership at Mooredale and add the cost of \$98.00 to my credit card if my current membership has expired.