



## Basketball League Registration Form

League starts December 5<sup>th</sup>, 2019

Payment and signed registration must be turned in by November 24th. Only individuals who have paid before the deadline will be accepted in the league.

Cost:

BAC Member - \$30

Non-BAC Member - \$70

**\*Non-Refundable**

While we encourage audience support, attending family and friends **must be 13 years of age or older.**

### Captain Information

Players Name \_\_\_\_\_ Cell/Phone \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_

E-mail \_\_\_\_\_ Medical Conditions \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Cell/Phone \_\_\_\_\_

Skill Level:  Ex-College Player  Ex-High School Player/Competitive  Recreation

Competition Level:  Level 1 (Competitive)  Level 2 (Recreational)

Team (minimum 5 players) if so, Team Name \_\_\_\_\_

Individual (will be selected on team)

\* Time is subject to change with demand

\* First place awards will be distributed

Call BAC at 270-793-9591 or contact by e-mail at [leagues@bgathleticclub.com](mailto:leagues@bgathleticclub.com) with any questions.

I certify that I am in good physical condition and have no disability, impairment or ailment which would be adversely affected by participation in a physical conditioning program or by use of the club's facilities or service. I shall participate in physical conditioning programs and/or use of any of the clubs facilities, services or equipment at my own risk. Bowling Green Athletic Club, its affiliates, agents, directors, contractors or employees shall not be liable for the loss or theft of personal property of the guest. I hereby grant the Bowling Green Athletic Club permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I agree to be bound by the rules and regulations of the club. I acknowledge that if any of the above information is false I may be refused service by any employee of Bowling Green Athletic Club.

Print Name \_\_\_\_\_ Signature X \_\_\_\_\_ Date \_\_\_\_\_

For office use only		
Date Paid _____	Amount _____	Invoice # _____