**HoopDome**
*Bring Your Game to Canada's Premier Multi-Court Basketball Only Facility.*

# Individual Player Application

**Last Name:** _____ **First Name:** _____ **Division:** Wednesday Men's C

**Reversible Jersey ($20):** L XL XXL **Number Request** (please provide 2 options): _____ or _____

**Request to play with:** _____

**Address:**_____

**City, Province, Postal Code:** _____

**Phone:** _____ **Email:** _____

**Emergency Contact Information:**

Name: _____ Relationship: _____ Phone: _____

| PROGRAM | START - END DATES | FEES |
|---|---|---|
| Men's C | 16 Weeks (including All-Star game)<br><br>Wed. August 18 – December 8, 2010<br>NO Game: Sept. 8, 2010 | $180.00 + $23.40 HST =<br>**$203.40**<br>**5% discount for Cash or Chq:** $171.00 + $22.23 HST=<br>**$193.23** |

**Payment - Please Print Clearly** ***All cheques are payable to HoopDome Inc.***

I will be paying by: □ Cash □ Cheque# □ MasterCard □ Visa

**HD Reversible Jersey: □ Yes (+ $20)** ☐ **No I have a HoopDome Reversible Jersey, #_____**

Player Fee: $_____.___ OR Player Fee: $_____.____ + HoopDome Jersey: $20.00

New Grand Total Owing: $ _____.____

Card #:

| | | | | - | | | | | - | | | | | - | | | | | EXP | | | - | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Full Name that appears on the card: Card Holder Signature:

***After reading the waiver below, please check the box below indicating that you read, understand and agree.***
□ I have read and understand the policies on the waiver below. Date: _____

**If you do not wish to receive communication via email from HoopDome regarding future programs and events, please check the box provided.** □ No Thank You

**Cancellation/Refund Policy:** A written request to withdraw from a program must be received in writing to the HoopDome office two weeks prior to the start date of the program. There is a **$25.00 administration fee** for all refunds. **ABSOLUTELY NO** refunds will be processed after the **first day** of the program.

**Waiver:** I hereby give my consent for the above mentioned player to play basketball under the auspices of HoopDome and to abide by the rules of HoopDome. Such rules outline the HoopDome policy in such areas as movement of players for team balancing, registration, refunds, administration of programs, playing rules, and by-laws and regulations. I hereby give my consent for my player's picture or name to be used in any HoopDome publications necessary. I will remain responsible for the player during, to and from all HoopDome activities and I agree that the HoopDome team/game officials shall in no event be held liable or accused of negligence or any other charges.

I hereby agree to hold harmless HoopDome, team and game officials from any claim or lawsuit. I understand that completion and submission of this application and receipt by HoopDome will bind the above named individual to HoopDome for the entire basketball season for which I am registering.

HoopDome
75 Carl Hall Road, Toronto, Ontario M3K 2B9
Tel: 416-633-HOOP (4667), Fax: 416-633-8118
Email: info@hoopdome.com
Official Website: www.hoopdome.com