

2009 - 2010 Individual Registration Form for Leagues at Game Time Gym II

Player's Name _____ Parent's Name (if player is under 18) _____
 Street Address _____ City/St/Zip _____
 Home Phone # _____ Work Phone # _____ Cell Phone # _____
 D/O/B _____ Gender _____ Age (as of 9/1/09) _____ Grade _____
 Email address _____

Soccer

Session 1 Session 2 Session 3
 (please circle which session)

Fees: Session 1 & 3

Youth without t-shirt \$55.
 Adult/High School without t-shirt \$65.

Session 2

Youth without t-shirt \$65.
 Adult/High School without t-shirt \$75.

(All players are required to purchase a Game Time Gym II t-shirt for \$15.00 for H.S. and below if you do not have one)

League Signing up for: _____

(As listed in program guide - ex: U10 Boys)

- I do not have a team to play for.
 I am registering as part of a team.
 Team Name/Coach _____

Flag Football

Session 1 Session 2
 (please circle which session)

Fees: \$60 per player. **T-Shirt included.** Please circle size.

League Signing up for: _____

(As listed in program guide - ex: 5th/6th grade)

- I do not have a team to play for.
 I am registering as part of a team.
 Team Name/Coach _____

Basketball

Session 1 Session 2 Session 3 Session 4
 (please circle which session)

Fees:	Session 1 All Ages	\$60
	Session 2 K-2 Boys/Girls	\$95
	3rd - 6th Boys/Girls	\$100
	7/8 & H.S. Boys/Girls(Mid Nov start)	\$80
	Jr High Girls Teams (Jan start)	\$70
	Adult Men/Women	\$50
	Session 3&4 All Ages	\$60

(All players are required to wear a Game Time Gym II reversible jersey. If you do not have one or need a new one, please indicate size on form to right.)

League Signing up for: _____

(As listed in program guide - ex: 5th grade boys)

- I do not have a team to play for.
 I am registering as part of a team.
 Team Name/Coach _____

Preschool Programs

Time: 10:40 or 1:00

Session: 1 2 3 4
 Monday or Tuesday Wednesday or Thursday
 Basketball Basketball Soccer Soccer
 T-Ball: Friday

(please circle which Session, Sport & Day)

Fees: \$55 per player (includes 1 T-shirt per year)

Evening Preschool

Other Game Time Gym programs signing up for:

Program Name: _____

Session Number: _____
 (If Applicable)

All participants: Game Time Gym T-Shirt/Jersey is required for H.S. or below. If you need a new T-shirt/Jersey please indicate below.
 please circle one

Soccer (\$15) • Football (Free)

YS YM YL AS AM AL AXL AXXL

Basketball • Reversible Jersey \$20

YS YM YL AS AM AL AXL AXXL

Already Have Jersey - please circle

League Cost \$ _____

Jersey/T-shirt Cost \$ _____

Total Amount Enclosed \$ _____

*Make checks payable to Game Time Gym II and mail to:
 404 Olympia Dr. Bloomington, IL 61704*

There will be a \$25 service charge for any returned check.

Late fee of \$15/individual or \$50/team will be enforced

Game Time Gym II will NOT reschedule a game due to inclement weather or inability to play scheduled game.

Refunds only for medical reasons with Dr's note.

Waiver

On behalf of myself and my child, I certify that I/my child is in normal health and capable of participation in any program offered by Game Time Gym II. I further certify that I/my child has medical insurance to cover any injuries sustained as a result of his or her participation in the Game Time Gym II programs. I hereby give my consent and permission for the Game Time Gym II staff to secure emergency medical treatment, including transportation and physician, if required, and I agree to be financially responsible for the costs of such treatment and/or transportation.

On behalf of myself and my child and family and friends, I agree to hold harmless Game Time Gym II, its officers, employees and agents (collectively hereafter "Game Time Gym II") from any responsibility for any and all personal injuries or death which may result from my child's participation in any program offered by Game Time Gym II. I hereby agree to assume any and all of the liability and risks of myself/my child participating in any sports programs, and to hold harmless and indemnify Game Time Gym II as to any action brought by my child or anyone acting on his/her behalf. I have read and fully understand this waiver

Parent or Adult Player Signature _____ Date _____

Please fill in name if interested in coaching _____

No refunds will be issued except with medical note from doctor or if GTG cancels a league.