

## 2019 - 2020 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 8/1/19) \_\_\_\_\_ 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 \$18.00 for H.S. and below if you do not have one)*

League Signing up for: \_\_\_\_\_  
 (Age Division)

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

Circle One: Recreational or Competitive

### Flag Football

Session 1                  Session 2  
 (please circle which session)

Fees: \$70 per player. **T-Shirt included.** Please circle size at right..

League Signing up for: \_\_\_\_\_  
 (Grade Division)

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

### Basketball

Session 1 Fall    Session 2 Winter    Session 3 Spring    Session 4 Summer  
 (please circle which session)

Fees: Session 1	All Ages	\$70
Session 2	K-2 Boys/Girls	Early Bird \$95 Regular \$100
	3rd - 6th Boys/Girls	Early Bird \$100 Regular \$110
	Jr High/H.S.Boys(Mid Nov start)	\$90
	Jr High Girls Teams (Jan start)	\$75
Session 3&4	All Ages	\$70

*(All players 6<sup>th</sup> gr or below, are required to wear a Game Time Gym II reversible jersey.)*

League Signing up for: \_\_\_\_\_  
 (Grade Division)  
 I do not have a team to play for.  
 I am registering as part of a team.  
 Team Name/Coach \_\_\_\_\_

**All participants: GameTimeGym SoccerT-Shirt is required for H.S. or below and Basketball Jersey for 6<sup>th</sup> Gr. or below. If you need a new T-shirt/Jersey please indicate below.**  
*please circle one*

### Soccer (\$18) • Football (Free)

YS    YM    YL    YXL    AS    AM    AL    AXL    AXXL

### Basketball • Reversible Jersey \$20

YS    YM    YL    YXL    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 \$5/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.**