

**Dakota Community Centre
4 on 4 Basketball League
Registration Form**

Team Name: _____

Team Contact: _____

Address: _____ City: _____

Postal Code: _____ Phone: (H) _____ Cell: _____

Sex: M__ F__

E-mail Address: _____

Division:

_____ Male

_____ Female

Cost: \$750/team

VISA or MasterCard #: ____/____/____/____/ Expiry Date: __/__

Authorized Credit Card Signature: _____

Consent and Waiver of Responsibility: The players of the aforementioned team agree that the Dakota Community Centre and its staff will not be held responsible for any accidents or loss of personal property, and agrees to release the Dakota Community Centre from all claims or damages which may arise as a result of such accidents or loss.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Contact Anthony Knapp, Program Manager at 254-1010 or email at dakotaccpm@shaw.ca