



2017 TITANS WINTER LEAGUE TEAM REGISTRATION FORM

COMPLETE ONE FORM PER TEAM

TEAM INFORMATION

Team Name:		Grade Level:
Name of Head Coach (required):		
Email (required):	Telephone (required):	Cell (required):
Name of Assistant Coach:		
Email:	Telephone:	Cell:

SCHEDULING REQUESTS

PAYMENT

Team Registration Fee: \$1,100.00 per team / \$1,050 per team if registering 2 or more teams
Acceptable Forms of Payment: Cash, Check, Visa/MC
Make checks payable to: Schoolwide Education Corporation
Address: 21 Lucille Lane Dix Hills, NY 11746

FOR OFFICE USE ONLY

Payment Received:	Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa/MC <input type="checkbox"/>	Date:
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CREDIT CARD AUTHORIZATION FORM

Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa ___ MC ___ AmEx ___ Discover ___ Other ___

Account number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

By signing this form, I authorize Schoolwide, Inc. to charge my card for \$ _____.

Signed: _____ Date: _____

FOR OFFICE USE ONLY

Payment Received:

Date:



2017 TITANS WINTER LEAGUE TEAM ROSTER

PLAYER'S NAME (FIRST/LAST)	GRADE	DOB (mo/dd/yy)	UNIFORM #	PARENT/GUARDIAN NAME	PARENT/GUARDIAN PHONE & EMAIL	PARENT/GUARDIAN SIGNATURE
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

PARENTAL AGREEMENT: I, the parent/guardian of my son/daughter, am aware of the nature of this activity and I hereby give permission for him/her to participate in the basketball program. I hereby waive, release, and agree to hold harmless the Town of Babylon, the Family Life Center, Inc. the Wyandanch Junior Warriors and Schoolwide Education Corporation its officers, directors, organization, coaches, participants, consultants, volunteers and all facilities where play is performed, from any claim arising from any injury or loss to my child.