



**HoopDome**

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

### Individual Player Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Division: Tuesday MASTERS 35+

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

Request to play with: \_\_\_\_\_

Address: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Emergency Contact Information:</b> Name: _____ Relationship: _____ Phone: _____
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PROGRAM	START - END DATES	FEES
Mens B/C	11 Weeks (8 season, 3 playoffs)	\$149.56 + \$19.44 (HST) =
	Tues. June 13 – Aug. 29, 2017 (no games July 18)	<b>\$169.00</b> 5% discount for Cash or Chq: \$142.08 + \$18.47 (HST) = <b>\$160.55</b>

<b>Payment - Please Print Clearly</b>	<i>All cheques are payable to HoopDome Inc.</i>																							
I will be paying by: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque# <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa																								
<b>HD Reversible Jersey:</b> <input type="checkbox"/> Yes (+ \$25) <input type="checkbox"/> No I have a HoopDome Reversible Jersey, # _____																								
Player Fee: \$ _____ + \$ _____ HST (13%) = Total Player Fee: \$ _____ + Shirt: \$25.00																								
New Grand Total Owing: \$ _____																								
Card #:																								
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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

**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  
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Tel: 416-633-HOOP (4667), Fax: 416-633-8118  
Email: [info@hoopdome.com](mailto:info@hoopdome.com)  
Official Website: [www.hoopdome.com](http://www.hoopdome.com)