K.C. PREMIERE BASKETBALL MEN'S LEAGUE REGISTRATION FORM

SEND THIS FORM ALONG WITH YOUR *TWO CHECKS TO: **KC Premiere Basketball / P.O Box 681645 / Riverside, MO 64168**

***All entries must also be accompanied by a second check for $50 which will be destroyed after the final game, provided the team doesn't forfeit any games**

7 GAME MINIMUM FOR $425 **$400 Multiple Teams Discount** **Games on Sundays evenings at Metro-area gyms**	**Late Summer 2009** **7/19 - 9/13** *Deadline 6/26*	**Fall 2009** **TBD**	**Winter 2009** **TBD**	**Winter 2010** **TBD**	**Spring 2010** **TBD**
	Provide any schedule request / conflict information:_____ _____				

Team Name:	Home Phone:
Coach/Manager Name:	Work Phone:
Address:	Cell/Pager:
City: State: Zip:	Fax:
The following roster / waiver must be completed Including signature prior to participation.	E-mail 1:
	E-mail 2:

#	Name	Street Address	City	Zip	Phone Number	Signature

We, the above signed, understand that basketball carries an inherent risk of serious injury and do not hold the organizers, staff, any league sites, persons or parties involved with this league responsible for any injuries/death occurred while participating in the *KC Premiere Basketball League* or any other league or event sponsored by *KC Premiere*. We further understand that it is our sole responsibility to provide medical insurance in the event any such injury should occur.