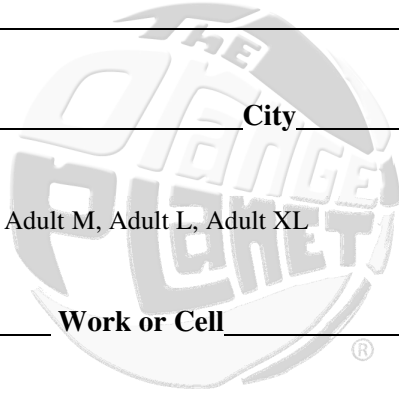


**T.O.P. WOMENS BASKETBALL LEAGUE  
INDIVIDUAL REGISTRATION**



**Participant's Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **City** \_\_\_\_\_, **IA** **Zip** \_\_\_\_\_

**Age** \_\_\_\_\_ **Shirt Size** Adult S, Adult M, Adult L, Adult XL

**Home Phone** \_\_\_\_\_ **Work or Cell** \_\_\_\_\_

**Email:** (essential for communication) \_\_\_\_\_

**NO refunds upon signing this registration.** The undersigned parent/participant agrees to abide by all league rules. Parents agree to follow good sportsmanship and the rules of The Orange Planet. "I, hereby agree to release and hold harmless The Orange Planet and its employees and volunteers from any and all claims or demands whatsoever which might be made against The Orange Planet arising out of or in consequence of the below participant's participation in this program. I hereby authorize the staff of "The Orange Planet" to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release "The Orange Planet" from any and all liability for any injuries or illnesses incurred while traveling to or from facility, participating at the facility or property. I/we agree to pay for all costs, present and future. I have no knowledge of any physical impairment that would affect my participation. I further agree and understand that "The Orange Planet" has the right to use, for publicity and advertising purposes, photographs of participants taken at the facility. I understand that I am responsible for my players own insurance. The Orange Planet is not responsible for actions of coaches, players or parents during practices. **There is a \$25 bounced check fee. NO LIQUID OR FOOD IN THE GYMNASIUM**

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Participant's Name \_\_\_\_\_

**MAILING ADDRESS:** The Orange Planet PO Box 57282 DSM, IA 50317

-----  
**Official use only**

Amount paid: \_\_\_\_\_ Payment form: \_\_\_\_\_

Accepted by: \_\_\_\_\_

Notes: