

MEN'S LEAGUE APPLICATION

\$140.00 per player



Name: _____

Address: _____

City, State & Zip: _____

E-mail Address: _____

1st Phone Number: _____

2nd Phone Number: _____

Birth Date: _____

How did you hear about IYB?: _____

Check#: _____ Amount \$140.00: _____

Check Leagues: **SUMMER** **FALL** **WINTER** **SPRING**
 JUL. **SEP.** **JAN.** **APR.**

MAKE ALL CHECKS PAYABLE TO: IYB
SEND CHECKS TO:
IYB, P.O. Box 113 Wyckoff, NJ 07481

IN CONSIDERATION OF PARTICIPATION IN THE IYB MENS BASKETBALL LEAGUE, THE UNDERSIGNED AGREES TO INDEMNIFY AND HOLD THE FAIRLAWN JEWISH COMMUNITY CENTER, INTERNATIONAL YOUTH BASKETBALL, KENT CULUKO AND THEIR OFFICERS, AGENTS AND EMPLOYEES HARMLESS FROM ANY AND ALL LIABILITY CLAIMS, COSTS AND ATTORNEY FEES ARISING OUT OF PARTICIPATION IN THE BASKETBALL LEAGUE. THE UNDERSIGNED ALSO AGREES NOT TO HOLD IYB MENS BASKETBALL LEAGUE RESPONSIBLE FOR ANY INJURIES THAT MAY INCUR DURING PARTICIPATION IN THE LEAGUE. THE IYB HAS INSURANCE THAT REQUIRES THAT A \$100 DEDUCTIBLE BE MET BY THE PLAYER BEFORE THE INSURANCE KICKS-IN.

Player Signature: _____ Date: _____

www.iybbasketball.com