



2012 IHM FATHER'S BASKETBALL REGISTRATION FORM
20TH SEASON!

COST:\$100.00 (One Hundred Dollars)

Welcome to the 20th Annual Fathers' Basketball League at IHM. We are a league built on sportsmanship and love of the game. We have had great success and have grown from four to eight teams. We ask that if you do not agree with our principles then please go join another league. We play once a week usually on Thursday nights between January and early April.

ANY QUESTIONS CALL: ANDY PYZIK 410-661-1532

Must be returned with check made out to **IHM SCHOOL by November 15, 2011**

NAME: _____ AGE: _____

HEIGHT: _____ WEIGHT: _____

EMAIL: _____ @ _____ . _____

CONTACT PHONE: _____

I WOULD BE INTERESTED IN COACHING(Circle One): YES NO

CHECK ALL THAT APPLY(PREFERENCE GIVEN TO FATHERS):

_____ 1. FATHER WITH CHILD AT IHM IN GRADE _____

_____ 2. ALUMNI GRADUATED FROM IHM IN _____

_____ 3. CHURCH MEMBER AT IHM WITH ENVELOPE NUMBER _____

_____ 4. PAST LEAGUE MEMBER YEARS PLAYED _____

_____ 5. GUESTS (30 AND OVER) ALL GUESTS WILL BE PLACED ON WAITING LIST

NAME OF SPONSOR(MUST BE FILLED IN) _____

SIZE OF SHIRT(CIRCLE ONE): S M L XL XXL

CHECK ALL THAT APPLY:

_____ NAME OF COLLEGE PLAYED AT

_____ NAME OF HIGH SCHOOL PLAYED AT

_____ PLAY IN OTHER LEAGUES _____ ABOVE AVERAGE BASKETBALL PLAYER

_____ AVERAGE BASKETBALL PLAYER _____ LITTLE OR NO EXPERIENCE

NEW PLAYERS ONLY →BRIEF DESCRIPTION OF YOUR ABILITY (DO ON BACK OF PAPER)

(MUST SIGN AND RETURN BEFORE YOU WILL BE ALLOWED TO PLAY)

I RELEASE EVERYONE FROM RESPONSIBILITY OF INJURY SUSTAINED WHILE PLAYING BASKETBALL OR WHILE ON IHM PROPERTY. IHM REPRESENTATIVES ARE NOT RESPONSIBLE FOR ANY INJURIES SUSTAINED:

SIGN HERE: _____

MUST HAVE OUTSIDE HEALTH INSURANCE TO PLAY.

MY HEALTH INSURANCE CARRIER IS _____

RETURN WITH CHECK FOR ONE HUNDRED DOLLARS

MADE OUT TO IHM SCHOOL

SEND TO:

ANDY PYZIK
7918 HILLENDALE RD.
BALTIMORE, MD. 21234