



High School Intramural Basketball League

The brand new STACK Basketball Training Facility runs a great intramural basketball league for high school kids by providing music, glass backboards, air conditioning, clean bathrooms, referees, t-shirts, scoreboard and score keepers.

For Incoming Freshman, Sophomores & Juniors 2015-2016

**Season goes from 1st week of July to Mid August,
8 game regular season; top 6 teams make playoffs.
10 t-shirts provided for each team.**

Individual Fee \$90

(Will be placed on a team)

Join Individually or with small group to be "Free Agents"

Team Fee \$750

(\$75 per player 10 players per team)

Entry Deadline: July 5, 2015

STACK Sports Training
300 Rt. 17 South Suite G
Mahwah, NJ 07430
Email: rtrem10@yahoo.com
Phone: 201-684-9190

Team Info & Player Roster

Team Name: _____

Captain: _____ Co-Captain: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____ / _____

Please be sure to complete the player roster below. (Use additional paper if needed)

	Player's Name	Street	City	Phone	Mobile Provider
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____

**Mail forms and checks to:
STACK Sports 300 Route 17 South Suite G Mahwah, NJ 07430**

STACK SPORTS, LLC

Coaches: Distribute this form to all players and return it completed to STACK prior to the start of season.

This injury waiver and release of liability is required by our facilities and programs as a precondition to their use and participation. **NO PLAYER MAY PARTICIPATE UNTIL SUCH TIME AS THIS FORM IS COMPLETED, SIGNED AND RECEIVED BY STACK SPORTS, LLC.**

INDIVIDUAL WAIVER, RELEASE AND INDEMNIFICATION OF LIABILITY FORM

I, the undersigned, in consideration of being allowed to participate in an event or program sponsored by Stack Sports, LLC, Online Basketball Camp, LLC, or its related companies, acknowledge and fully understand that I will be engaging in activities that involve risk of serious injury, including permanent disability and possibly death, and severe social and economic loss, which may result from my own action, inaction or negligence as well as the actions, inactions and negligence of others. I acknowledge that I have been advised to consult with a physician before participating in the event or program. I hereby authorize the agents of Stack Sports, LLC, Online Basketball Camp, LLC, to act for me according to his/her best judgment in any emergency requiring medical attention

I further agree to inspect the premises and equipment before playing each game and if I deem any conditions to be unsafe, I will advise the appropriate persons and will refuse to play. I assume all of the foregoing risks and accept personal responsibility for any injury, disability or death and any damages, whether social or economic, and agree to release, waive, indemnify and hold harmless Stack Sports, LLC, Online Basketball Camp, LLC, its parents, subsidiaries and affiliated entities companies, officers, partners, directors, members, commissioners, referees, employees, agents, licensees, assigns, and facilities (hereinafter "Releasees") from any and all liability to the undersigned, his or her heirs and next of kin, for any and all claims, demands, suits, costs, expenses, losses, awards, injuries or damages (including reasonable attorney fees and related costs) caused or alleged to have been caused by Releasees to myself or my child/children in connection with his/her/their/my participation in any Stack Sports program, league, tournament or activity.

I HAVE READ THE ABOVE WAIVER, RELEASE AND INDEMNIFICATION OF LIABILITY AND I UNDERSTAND THAT I AM VOLUNTARILY GIVING UP CERTAIN RIGHTS BY SIGNING IT.

Adult Name: _____ Team Name: _____

Children _____ Age _____ Grade _____

Parent _____ Date: _____

E-mail address: _____

Signature: _____

Please complete the following emergency information

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell _____

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