

St. Mary's Men's Basketball

Player registration form:

Name: _____

Address: _____

Cell Ph #: _____ Emergency # _____

Email Address: _____

The Men's Basketball Program will be held on Mondays and Thursdays throughout the year. The fee is \$110 per person. Please click on the link at the bottom of this page for online payment instructions. If you would prefer to pay by check, make it payable to St. Mary's Church and send it: c/o CJ Coleman, 565 Plandome Road (Suite 118), Manhasset NY 11030, (516) 713-1539

Player Waiver:

I certify that I am in good physical health and have no known problems that could affect my ability to participate in any basketball related activities. I currently have my own medical insurance. I will in no way hold St. Mary's, ManhassetHoops or any of their employees or representatives responsible for any accident or injury that may occur during my participation in the St. Mary's Men's Basketball Program. I have had a physical exam within the past year and was deemed healthy when examined.

(Signature) _____

Please Print, Sign and Fax this form to (516) 627-1502
MANHASSETHOOPS.COM