

Team Mayhem 2025/26 Program Registration and Player information

Full Name: _____ **Player #** _____ **Grade** _____

Birth date: ____/____/____ (DD/MM/YY) **Age:** _____ **Male** _____ / **Female** _____

Address: _____ **Postal code:** _____

Parents/Guardians: _____ **and** _____

All Contact Emails:

Manitoba Medical Numbers: 6 digit _____ 9 digit _____

All contact phone numbers:

(H): _____ **Cell :** _____ **Cell :** _____

Emergency Contact:

Name: _____

Relationship to player: _____

Phone # _____

Phone # _____

Developmental Player _____ **\$ 1000**

Non Refundable Deposit Payment \$ 100

Monthly Payments of \$ 100 on the 1st on every month. (September – June)

(Includes: Program fee, and Gym Rental fees)

Basketball Manitoba Insurance fee for the year **\$ 50** _____

