



# BASKETBALL LEAGUE

WINTER  
IC 2025

**Dates/Time:**

Starting **January 25, 2025**. Games will be held **Saturday mornings** starting at **9am**

**Cost:**

**\$800 per team**

\*Teams can be all members and a mix of members and non-members.

All teams have to have at least 1 LSF member on the roster.

**Free Agent (Per Player):**

\$99 for LSF Members

\$159 for Non-members

Team Captain/Free Agent pays 50% at time of registration. Remainder due by January 17th, 2025

**Information:**

- Ages 18 and over
- Team Minimum of 7 players (with a maximum of 10 players on the roster)
- League length will be between 6-9 weeks (including playoffs)
- Two certified referees
- Reversible Team Uniforms will be provided for teams that need it as teams are welcome to have their own uniforms if they desire.
- Weekly Team & Individual Stats
- Prizes for 1st & 2nd place teams

**For more information contact:**  
[ICBasketball@LakeshoreSF.com](mailto:ICBasketball@LakeshoreSF.com)

# Lakeshore Sport & Fitness Basketball Registration Form

Please return application to [ICBasketball@LakeshoreSF.com](mailto:ICBasketball@LakeshoreSF.com)

Please print clearly and fill out each field.

Date \_\_\_\_\_

Team Captain's Name \_\_\_\_\_

Team Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_ Address \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Registering as: Team  Individual

Game Times: SATURDAY MORNINGS (9AM / 10AM / 11AM)

Player Name	Player Phone	Player Email

**Payment options / Full payment is due by January 17, 2025.**

Payment Method  LSF Charge to Account  Credit Card

Credit Card \_\_\_\_\_ Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Policies:** Participants must pay 50% at the time of registration . All players will adhere to policies listed in the LSF - Illinois Center 2025 Winter Basketball League Official Rules & Regulations.

**Terms and Conditions** I agree to assume full risk and to waive, relinquish and release all claims against the agents, servants and employees of Lakeshore SF from any such claims resulting in injury, damages or loss sustained on account of participation in this program. If I am registering a minor, child, or a spouse for this program, I hereby waive their rights to the same extent as if they were my rights and agree to fully indemnify Lakeshore SF for any and all claims brought on their behalf. I understand that I am responsible for all personal medical insurances and that as a participant, I must cover all medical costs incurred. I also covenant not to sue Lakeshore SF or assert any claims against Lakeshore SF for any all liability arising out of my participation or my child's or spouse's participation in this program, even if the injury arises out of negligence that may be foreseeable. I agree to emergency treatment by a physician or hospital in the event that the emergency contact or I cannot be reached.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_