

# Illinois Team USA Private Instructions

## Mail-In Registration Form

To register by mail - Print, complete, mail with proper payment!

Select Program Skill \*\*\* Everyone must bring their own ball\*\*\*

Ball Handling  Shooting  Foot Work  Post Moves

Dates of attendance \_\_\_/\_\_\_ - \_\_\_/\_\_\_

Cost:\$45.00 Hour

\$\_\_\_\_\_.00 Payment Enclosed

Please mail signed registration form with check payable to Illinois Team USA. Mail to:

**Illinois Team USA  
P.O. Box 631  
Huntley, IL 60142**

Player Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ / \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email(Very Important) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

**Must Call or Email to set up lessons:**

**Email:jcook@illinoisteamusa.com or Phone: 847-809-8978**

**Fax Number: 847-695-9335**

Consent and Release Waiver: I do waive, release and discharge Illinois Team USA and respective staff employees from any from any all rights and claims resulting from injuries to my daughter and son property which may be sustained by my daughter or son in connection with his/her association with, or participation in, or arising out of his or her traveling to or from 1on1 session. I allow the Illinois Team USA Staff to approve any emergency treatment to my child if I cannot be reached. **NO REFUNDS-For Any Reasons.**

We the parents of guardians, agree the above waiver and release.

Signature of Parent/Guardian

\_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_