

# Team Uptop Basketball Club

## Boys and Girls in 4<sup>th</sup> to 8<sup>th</sup> Grades

Cost for the season is \$300 per player

Please submit this registration with checks to:  
Team Uptop – C/O Matt Luedtke  
222 S Excelsior Ave, Butte, MT 59701

Registrations can be delivered via email to: [teamuptopbasketball@gmail.com](mailto:teamuptopbasketball@gmail.com)  
or submitted at open gyms or at Parent's meeting on October 25 at Butte High Old Gym

Team Uptop fee will cover:

*All practices, coaching fees, uniforms, and other administrative fees.*

*\*We will NOT be cutting players. All players will be placed on a team.*

**Make checks payable to: Team Uptop Club**  
**Or make payment via Venmo: @TeamUptopClub**

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**Individual Registration fee is \$300 (choose one):**

- Payment in Full - \$300
- 2 Payments - \$150 before 10/31/2023 and \$150 prior to 11/30/2023

Player's Name \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ \*Email - (print clearly) \_\_\_\_\_

**Uniform Size:** YM YL AS AM AL AXL AXXL **Grade:** \_\_\_\_\_ **Gender:** Boy or Girl

**Preferred Uniform Number** (pick 5 – not guaranteed any specific number): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

I understand by the nature of activity there is the possibility of accident and I assume the risk and responsibility while my child is participating with Team Uptop. I, as parent/guardian of a minor student, permit emergency care to be administered to him/her as deemed necessary by the team coaches and administrators. I will allow the involved hospital and/or doctor to administer the required treatment of the emergency condition. I also understand that all incurred costs are my personal responsibility and that Team Uptop, Mining City Basketball, School District #1, Butte High School, coaches or representatives do not have insurance coverage for injuries to participants. I also agree to indemnify the Team Uptop, Mining City Basketball, School District #1, Butte High School, coaches or representatives from any claim which may hereafter be presented as a result of such injury or illness. All parents and players also agree to abide to the "Team Uptop Code of Conduct" as published at [teamuptopbasketball.com](http://teamuptopbasketball.com) or could be subject to suspension or punishment.

**Signature of parent/guardian X** \_\_\_\_\_

# Team Uptop Basketball Club Scholarship Fee Waiver Form

Player Name: \_\_\_\_\_

Player School: \_\_\_\_\_

Player Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Reason for Scholarship Request:

- Any information on this form is personal and confidential and will not be shared and will not be seen or shared with anyone outside of Team Uptop Basketball administration.

Signature of Parent/Guardian: \_\_\_\_\_

If requesting a scholarship, this form must be submitted with the Player application form.