

City of Stockton Community Services Department

ADULT BASKETBALL 2010

TEAM REGISTRATION FORM - ATLANTA

(Play starts week of January 18)

TEAM NAME: _____

Previous Year's Team Name: _____ Previous Division: _____

Circle: MENS WOMENS

Five or more players on team are age 35 and over: YES NO (Circle one)

DIVISION REQUESTED: _____ SECOND CHOICE: _____
(Choose C, D, or E; C is Most Competitive, and E is Least Competitive)

FIRST CHOICE NIGHT TO PLAY: _____ SECOND CHOICE: _____
(Choose Monday, Tuesday, Wednesday, Thursday, or Friday)

NOTE: Divisions will be balanced based on team record history and availability for night selected.
Team division and night of play choices will be accommodated whenever possible. Team will be eligible for a refund ONLY if first OR second choice night cannot be accommodated.
NO REFUNDS AFTER GAME SCHEDULE HAS BEEN DETERMINED.

Please Print
MANAGER'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE
(HOME) _____ (BUSINESS) _____

E-MAIL ADDRESS _____

IF PAYING BY CHECK: DRIVER LICENSE # _____ EXP. DATE _____
All communication from League Office will go to name, address, and phone number listed.

IMPORTANT - PLEASE READ:

CITY OF STOCKTON OFFICIAL WAIVER, RELEASE OF LIABILITY & IDENTIFICATION
THE TEAM ROSTER MUST BE SIGNED BY EACH PLAYER IN HIS/HER OWN HANDWRITING. Team Manager is responsible for collecting players signatures and contact information on the team roster. Any person signing the roster becomes the property of the above team until released by the Team Manager. **Please note:** Player Contract Fee does not cover medical costs for any injury arising from participation in the program. Player fees are NON-REFUNDABLE and CANNOT BE TRANSFERRED to another player after participation has occurred.
Team and Player Fees are subject to change.

FOR OFFICE USE ONLY:

Check current contact info _____ Check Players Fees _____ Copy for site _____