

City of Stockton – Community Services

ADULT BASKETBALL 2009

TEAM REGISTRATION FORM

LEAGUE I - ATLANTA (Play starts week of February 16)

TEAM NAME: \_\_\_\_\_

Previous Year's Team Name: \_\_\_\_\_ Division: \_\_\_\_\_

CIRCLE:                MEN'S                        WOMEN'S                        MEN'S (40 and over)

WE REQUEST TO PLAY IN \_\_\_\_\_ DIVISION (Choose C, D, or E)

CHOOSE THE NIGHT YOU CHOOSE TO PLAY. WRITE IN "1<sup>ST</sup> CHOICE" AND "2<sup>ND</sup> CHOICE"

MONDAY- Overflow	TUESDAY- E RECREATION	WEDNESDAY- C MOST COMPETITIVE	THURSDAY- D COMPETITIVE

NOTE: Divisions will be balanced based on team record history availability for night selected. This is only a guideline and is subject to change at the League Director discretion.

Please Print

MANAGER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (BUSINESS) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

IF PAYING BY CHECK: DRIVER LICENSE # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

**NO REFUNDS AFTER GAME SCHEDULE HAS BEEN DETERMINED.**

**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.

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. Your player fee is NON-REFUNDABLE and CANNOT BE TRANSFERRED to another player after participation has occurred. Fees are subject to change.

FOR OFFICE USE ONLY:            Total Fees:

League I    \$ \_\_\_\_\_ Player fees \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Date: \_\_\_\_\_

City of Stockton – Community Services

ADULT BASKETBALL 2009

TEAM REGISTRATION FORM

LEAGUE II - BOSTON (Play starts week of April 27)

TEAM NAME: \_\_\_\_\_

Previous Year's Team Name: \_\_\_\_\_ Division: \_\_\_\_\_

CIRCLE:                MEN'S                        WOMEN'S                        MEN'S (40 and over)

WE REQUEST TO PLAY IN \_\_\_\_\_ DIVISION (Choose C, D, or E)

CHOOSE THE NIGHT YOU CHOOSE TO PLAY. WRITE IN "1<sup>ST</sup> CHOICE" AND "2<sup>ND</sup> CHOICE"

MONDAY- Overflow	TUESDAY- E RECREATION	WEDNESDAY- C MOST COMPETITIVE	THURSDAY- D COMPETITIVE

NOTE: Divisions will be balanced based on team record history availability for night selected. This is only a guideline and is subject to change at the League Director discretion.

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MANAGER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (BUSINESS) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

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FOR OFFICE USE ONLY:            Total Fees:

League II    \$ \_\_\_\_\_ Player fees \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Date: \_\_\_\_\_

City of Stockton – Community Services

ADULT BASKETBALL 2009

TEAM REGISTRATION FORM

LEAGUE III - CHICAGO (Play starts week of July 6)

TEAM NAME: \_\_\_\_\_

Previous Year's Team Name: \_\_\_\_\_ Division: \_\_\_\_\_

CIRCLE:                MEN'S                        WOMEN'S                        MEN'S (40 and over)

WE REQUEST TO PLAY IN \_\_\_\_\_ DIVISION (Choose C, D, or E)

CHOOSE THE NIGHT YOU CHOOSE TO PLAY. WRITE IN "1<sup>ST</sup> CHOICE" AND "2<sup>ND</sup> CHOICE"

MONDAY- Overflow	TUESDAY- E RECREATION	WEDNESDAY- C MOST COMPETITIVE	THURSDAY- D COMPETITIVE

NOTE: Divisions will be balanced based on team record history availability for night selected. This is only a guideline and is subject to change at the League Director discretion.

Please Print

MANAGER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (BUSINESS) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

IF PAYING BY CHECK: DRIVER LICENSE # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

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FOR OFFICE USE ONLY:            Total Fees:

League III    \$ \_\_\_\_\_ Player fees \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Date: \_\_\_\_\_

City of Stockton – Community Services

ADULT BASKETBALL 2009

TEAM REGISTRATION FORM

LEAGUE IV - DALLAS (Play starts week of September 14)

TEAM NAME: \_\_\_\_\_

Previous Year's Team Name: \_\_\_\_\_ Division: \_\_\_\_\_

CIRCLE:                MEN'S                        WOMEN'S                        MEN'S (40 and over)

WE REQUEST TO PLAY IN \_\_\_\_\_ DIVISION (Choose C, D, or E)

CHOOSE THE NIGHT YOU CHOOSE TO PLAY. WRITE IN "1<sup>ST</sup> CHOICE" AND "2<sup>ND</sup> CHOICE"

MONDAY- Overflow	TUESDAY- E RECREATION	WEDNESDAY- C MOST COMPETITIVE	THURSDAY- D COMPETITIVE

NOTE: Divisions will be balanced based on team record history availability for night selected. This is only a guideline and is subject to change at the League Director discretion.

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MANAGER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (BUSINESS) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

IF PAYING BY CHECK: DRIVER LICENSE # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

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FOR OFFICE USE ONLY:            Total Fees:

League IV \$ \_\_\_\_\_ Player fees \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Date: \_\_\_\_\_