





BASKETBALL REGISTRATION FORM

ТЕАМ NAME:			LAST SEASON:				
MANAGER:			ADDITIONAL CONTACT:				
ADDRESS:			_ADDRESS:				
		ZIP			ZIP		
HOME PHONE:			HOME PHO	NE:			
CELL PHONE:			CELL PHONE: WORK PHONE:				
				JNE:			
BASE ENTRY FEE: LATE FEE: ** TOTAL AMOUNT I ** (A \$15.00 late fee	\$ DUE		-	n deadline)			
			DPR USE:	Receipt #	Paid \$		
LEAGUE CLASSII	FICATION:	(Check one		Receipt #	Paid \$		
OPEN	INI	OUSTRIAL _		CHURCH			
LEAGUE COMPE	<u> TITION</u> :						
STRONGEST LEAGUE MED			DIUM LEAGUE WEAKEST LEAGUE				
NIGHT PREFERE	NCE: (Sun	day, Tuesday)					
1st CHOICE:							
2nd CHOICE:	(Your team may play on this night)						
CAN NOT PLAY:			(Nigh	ht in which you can NOT play)			
COMMENTS:	Please use this space to comment on your team's skill and competitive level. List a information that you feel would help to ensure proper league placement.						
As team manager, I hereby ackr			R ACKNOWLED				

As team manager, I hereby acknowledge and understand, the DPR Sports Staff will make every effort to accommodate teams night of preference, league competition levels, and special requests, but the DPR Sports Staff reserves the right to make changes in scheduling to accommodate as many teams as possible equally. Furthermore, I acknowledge and understand that teams withdrawing after league placement are subject to a 20% administration fee, and a pro-rated league charge. Once a team has completed 50% of their league schedule, no refund will be issued. I also acknowledge responsibility for team entry fees, including any collection and attorneys fees associated with this team.



BASKETBALL PLAYER WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION, AND ROSTER FORM

- I. The undersigned being at least eighteen (18) years of age (or being under the age of 18 but with the consent of a parent or guardian as acknowledged below) acknowledge, agree and understand that:
- 1.) The undersigned agrees that player voluntarily participates in playing basketball and assumes all risks associated with such play.
- 2.) The undersigned acknowledges that there are risks and hazards in playing basketball including, but not limited to, those caused by court conditions, playing conditions, equipment and other participants in addition to the acts of dribbling, passing, shooting and dunking a basketball, running, jumping, stretching, sliding, diving and collision with other players, spectators or stationary objects, any of which may cause death or serious injury to the player.
- 3.) In consideration of the City of Evansville allowing play on courts owned, operated, or used by the City of Evansville, I AGREE TO INDEMNIFY AND HOLD HARMLESS AND RELEASE the City of Evansville, Parks Department and their officials, employees, agents and assigns from any and all claims, demands, lawsuits, costs and attorneys fees arising out of playing in the City's program listed above. This release and Indemnification shall be effective and bind any and all heirs, dependents, executors and assigns.
- 4.) I ACKNOWLEDGE THAT I HAVE THE RIGHT AND OBLIGATION TO INSPECT the Court and areas surrounding prior to each game and agree to play in the "as is" condition. If I find the court is not safe, I have the right to choose not to play.

DATE:

5.) I acknowledge that I have read the foregoing instrument and understand its terms and agree to abide by its terms and conditions.

TEAM NAME:_____

	PLAYER	PLAYER'S SIGNATURE (Parent or Guardian if under the age of 18)	ADDRESS	CITY, STATE & ZIP	HOME PHONE	COUNTY
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						