



Adult Basketball League

Team Name/Color : _____

Captain: _____

Address : _____

Phone : _____ Work/Cell Phone : _____

E-mail : _____

Registration Fee

_____ \$750.00

Registration code 314204-1

How to Register

1. All waiver forms must be completed at time of registration
2. Full payment due upon registration

Participation in this sport/activity may involve risk of injury. As a parent or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed below, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the City of Concord, it's officers, employees, agents, volunteers and supervisors, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity. In addition, I give my permission for the child(ren) to be treated by qualified medical personnel in the event that the parent/guardian named below cannot be reached at the phone numbers provided. All Parks & Recreation Department classes/events may be photographed. Participants may be photographed for City of Concord programs and promotions.

Team Captain Signature

Date



Team Roster

Team Name/Color: _____

Player	Last Name	First Name	Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Team Captain Signature

Phone Number

Date

All registration forms must be attached to the final roster



Adult Basketball Waiver Form

Team Name/Color: _____

Participant Name: _____ DOB: _____

Address: _____

Phone: _____ Work/Cell Phone _____

E-mail: _____

Participation in this sport/activity may involve risk of injury. As a parent or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed below, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the City of Concord, it's officers, employees, agents, volunteers and supervisors, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity. In addition, I give my permission for the child(ren) to be treated by qualified medical personnel in the event that the parent/guardian named below cannot be reached at the phone numbers provided. All Parks & Recreation Department classes/events may be photographed. Participants may be photographed for City of Concord programs and promotions.

Participant Signature

Date