



ADULT GYM LEAGUE ROSTER - BASKETBALL

TEAM NAME		GENERAL MANAGER*		SEASON	YEAR
MAILING ADDRESS*		CITY	ZIP	E-MAIL*	
HOME PHONE*	WORK PHONE*	MOBILE PHONE*		SPONSOR (if any)	
FIELD MANAGER (Complete only if field manager is different from general manager)*			HOME PHONE*		WORK PHONE*

WAIVER: In consideration of accepting this registration, I hereby release the City of Irvine and its officers, clients, agents or employees from any and all manner of action or actions, cause or causes of action, in law or equity, suits, liabilities, claims, losses, costs or expenses (including attorneys' fees), of any kind of nature whatsoever, known or unknown, fixed or contingent, whether related to negligent or intentional acts or omissions or any other act or omission and whether related to bodily injury, property damage or any other form of injury or loss to myself (and to any minor participants for whom I have the capacity to contract). On behalf of myself and any minor children, I hereby indemnify and hold harmless the City of Irvine and its officers, clients, agents or employees for any and all claims, liabilities, demands, judgments, and penalties to me (and said minors) for any loss or damage on account of property damages or physical, mental and emotional injury to me (or said minors) caused by the negligence of the City of Irvine and its officers, clients, agents or employees arising out of the participation in this program or other classes sponsored by the City, enrolled by the person(s) registered for a calendar year. I give permission to the City of Irvine to photograph me or my children participating in the programs for use in future City publicity and understand that I will not receive any compensation for such use. I recognize for myself and any minors that the events and occurrences to which this release applies can be dangerous and as a result of signing below, I am accepting those risks for myself and for any minor participants for whom I can contract.

NAME*	WAIVER SIGNATURE*	HOME PHONE*	CITY	EMPLOYER*	WORK PHONE*	CITY	FOR OFFICE USE ONLY		
							R-ID	E-ID	ID
1.									
2.									
3.									

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NAME*	WAIVER SIGNATURE*	HOME PHONE*	CITY	EMPLOYER*	WORK PHONE*	CITY	R-ID	E-ID	ID
4.									
5.									
6.									
7.									
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9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									

NOTE: INITIAL ROSTER LIMITED TO 16 PLAYERS

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LEAGUE QUESTIONNAIRE

(Please answer the questions below)

1. INDICATE BY PRIORITY (1, 2, 3, 4) WHAT NIGHT YOU WISH TO PLAY:

_____ MONDAY _____ FRIDAY
_____ TUESDAY _____ SUNDAY
_____ WEDNESDAY
_____ THURSDAY

2. INDICATE BY PRIORITY (1, 2, 3) IN WHICH LEAGUE LEVEL YOU WISH TO PLAY:

_____ 6'2 AND UNDER A _____ OPEN HEIGHT A
_____ 6'2 AND UNDER B _____ OPEN HEIGHT B
_____ 6'2 AND UNDER C _____ OPEN HEIGHT C
_____ 6'2 AND UNDER D _____ OPEN HEIGHT D
_____ MASTERS LEAGUE

3. HAVE YOU PREVIOUSLY PLAYED IN IRVINE'S ADULT LEAGUE?

NO
 YES

4. WHAT WAS YOUR TEAM NAME AND WHO WAS YOUR MANAGER?

TEAM NAME _____
MANAGER* _____

5. WHAT WAS YOUR TEAM'S RECORD?

_____ WINS
_____ LOSSES

6. WHAT PERCENT OF ROSTERED PLAYERS ARE RETURNING FROM LAST SEASON PLAYED?

_____ 0 - 25% _____ 51 - 75%
_____ 26 - 50% _____ 76 - 100%

7. IF WE ARE UNABLE TO CONTACT YOU REGARDING YOUR TEAM, WHAT OTHER PLAYER OR PERSON SHOULD WE CONTACT?

NAME* _____
HOME PHONE* _____
WORK PHONE* _____