



ADULT BASKETBALL LEAGUE: FALL/WINTER 2016-2017 TEAM INFORMATION

| | |
|------------------------------|-------------------------------|
| Team Name: _____ | Division: _____ |
| Head Coach: _____ | Assistant Coach: _____ |
| Home Phone: _____ | Home Phone: _____ |
| Business/Cell: _____ | Business/Cell: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| E-Mail Address: _____ | |
| _____ | |

For office use only: Receipt #: _____ Date: _____

In the event of schedule changes or issues with the league, Bernalillo County Sports will attempt to contact the Head Coach, Assistant Coach, and then each player on the roster; therefore it is important that ALL players enter *CURRENT* contact information.

ROSTER (UNLIMITED)

Any player who enters his/her personal information and signs the roster agrees to have read the general information packet and agrees he/she will adhere to the rules and regulations governing the Adult Basketball League as well as the Hold Harmless Agreement. **Each player must sign and provide all requested information. Team captain is not to fill out and sign for players.** Rosters will not be considered complete *unless EACH player's ORIGINAL signature and relevant information is included.*

Please have all players complete the information requested below:

Team Name: _____

Division: _____

| Name (All names must be typed or written LEGIBLY, NO SIGNATURES in this box!) | Signature (Must be signed by <i>the player only</i>) | (Current) Phone | (Current) E-mail Address |
|---|---|------------------------|---------------------------------|
| 1. | | | |
| 2. | | | |
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| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |
| 14. | | | |
| 15. | | | |



The Adult Basketball League season is administered on the following days:

Women's Division-Tuesday

Silver Division-Competitive -Sunday

Bronze Division -Monday

Sunday Recreation Division-Sunday Only

Wednesday Recreation Division- -Wednesday Only

Please note: Depending on the number of registered teams, an alternate playing day may be necessary. Please list **one alternate day** your team is able to play. (Example: Wednesday Rec. Division/Alternate Day: Sunday, Bronze Division/Alternate Day; Saturday)

1st _____

2nd _____

3rd _____

HOLD HARMLESS AGREEMENT

I, _____, have read the general information packet and will **ensure that my entire team is aware of and will abide by the rules and regulations** that govern the Adult Basketball League.

I also understand and agree to hold harmless the County of Bernalillo, Albuquerque Public Schools, Bernalillo County Employees and contractors, and those assisting with the Adult Basketball League from any claims, suits, actions or causes of action arising out of any accident/incident or conduct involving me, my teammates, or my family members. This includes but is not limited to the costs and reasonable attorney's fees associated with any claims, suits, actions or causes of action.

MANAGER/COACH

DATE

Local (not long-distance) phone number where Bernalillo County Sports may call you and/or send pre-recorded, automated messages for informational, notification purposes:

(____) _____

