

# Syracuse City RECREATION

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## -2012- Adult Basketball League

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### Registration:

Begins Tuesday, January 3<sup>rd</sup> — Until full!

**Register at Syracuse Community Center:**  
Monday - Thursday: 6:00 A.M. to 9:00 P.M.  
Friday: 6:00 A.M. to 8:00 P.M.  
Saturday: 8:00 A.M. to 4:00 P.M.

### Games:

Games will tentatively start the week of February 13th.

Will be played on **Wednesday** nights.

\*Manager's will be contacted the week before games begin.\*

### Fees:

Cost is \$350 per team.

League includes:  
7 games w/single elimination tournament.  
(Depending on number of teams registered)



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\*For more information contact us @ (801) 614-9660\*



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

MANAGERS NAME: \_\_\_\_\_

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

PHONE NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

FEE PAID _____ DATE _____ RECEIVED BY _____
PAYMENT TYPE (CIRCLE ONE) -    CASH    CREDIT

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**Waiver and Authorization for Medical Attention**

The Undersigned, as a participant or as parent or guardian for a child participating, I hereby recognize and acknowledge that Syracuse City does not carry special health or accident insurance that would protect the participant in the event of accidental injury while participating in any program or facility offered by Syracuse City. Any accident or injury shall be referred to my insurance carrier and I assume full responsibility for the same. I agree to personally assume all expenses associated with accidents or injury arising out of participating in activities offered by Syracuse City. I further recognize that participation in activities or facilities is voluntary and that there are certain inherent risks which I assume for participant. I hereby release and discharge Syracuse City, its governing officers, employees, staff or agents from all obligations, liabilities, claims, demands, costs and expenses, including attorney fees, arising out of, or in connection with any injury sustained by the participant. I authorize the employees or agents of Syracuse City to notify emergency help in the case of an accident or injury to the participant while participating in any program offered by Syracuse City if in the discretion of the employee or agent, such emergency help is warranted.

**Code of Conduct**

I will encourage good sportsmanship by demonstrating positive support for all players, coaches/managers and officials at every recreation event. In recreation of all types, participants become competitive. At all times I will remember that we are participating in a recreational activity and act accordingly. It is the participant, coaches and spectators responsibility to control their behavior. I will refrain from the use of foul language and/or negative comments toward coach, player, referee, league officials or spectators.

**TEAM ROSTER**

**BY SIGNING THIS ASSUMPTION OF RISK, LIABILITY RELEASE AND CODE OF CONDUCT, I ACKNOWLEDGE THAT I HAVE READ ITS CONTENT AND DISCLOSURE, THAT I UNDERSTAND ITS CONTENTS & DISCLOSURE AND THAT I AGREE TO ITS TERMS. (MUST BE 16 YEARS OF AGE OR OLDER)**

**Name (Print)**

**Signature of Player**

**(ACKNOWLEDGEMENT)**

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