

ADULT BASKETBALL LEAGUE

Team consists of up to 6 players. **Rosters will be frozen before the 3rd game is played!**

Team: ___\$65.00 per team (Up to 6 players per team) **Cash/Check** (Circle)

Team Manager Name: _____ DOB ___/___/___

Street Address: _____ City _____ Zip code _____

Main Phone: _____ Secondary Phone: _____

Email(s): _____

Emergency Contact Name: _____

Emergency Contact Phone _____

Waiver of Liability

I hereby assume all risk of injury associated with my participation, or my child's participation, in Galloway Hammond Recreation Center League activities. I further agree to release, discharge, indemnify, and hold harmless the City of Burnet and its employees, officers, directors, representatives, agents, volunteers, invitees, contractors, referees, and other league participants from and against any claims, costs, expenses and liability of any kind, including reasonable attorneys' fees, arising out of, or relating to, my participation, or my child's participation, in a Galloway Hammond Recreation Center League event, including without limitation, any claims, costs or expenses for personal injury sustained by me or my child.

Medical Waiver: I, as the undersigned participant, or parent or legal guardian of a minor participant, do hereby authorize Galloway Hammond Recreation Center, its staff and league officials, acting in the capacity of the activity supervisors, to seek medical care from a licensed physician or hospital for any injury that arises out of my participation, or my child's participation, in league activities. In the event that I or my child requires emergency medical treatment and an emergency contact cannot be reached at the numbers identified above, I hereby authorize Galloway Hammond Recreation Center to make the necessary arrangements to transport me or my child to the nearest hospital/emergency facility. I give my consent for any and all medical treatment determined necessary by the treating physician.

Signature of Contact (Applies to team): _____

Date: _____

TEAM NAME: _____

1. _____ Email _____ Age ___ M/F (circle)

2. _____ Email _____ Age ___ M/F (circle)

3. _____ Email _____ Age ___ M/F (circle)

4. _____ Email _____ Age ___ M/F (circle)

5. _____ Email _____ Age ___ M/F (circle)

6. _____ Email _____ Age ___ M/F (circle)

Team Exceptions and Notices: