Men’s Adult Basketball Registration
Hillcrest Family YMCA

Registration Open till: Sunday October 16th at 4 pm

Entry Fee- Men’s Team- $250- $300

• Team captain must be a YMCA member, or YMCA Program member.
  o To become a program member, there is a $25 fee, lasts one calendar year
• Non-Members will pay the price of $300
• Business and corporation teams are encouraged
• Tournament Champs get $50.00 off the league fee for next session
• ALL teams must have shirts/jerseys with two colors and with numbers on each, no exceptions.
• NO shirts or jerseys with numbers NO PLAY!
• League starts October 23rd and runs for approximately 12 weeks
• Teams are guaranteed 10 games
• Only 12 players per team, players must play in 5 games during season to be eligible for playoffs.
• If your team forfeits a game for any reason, team must pay forfeit fee of ($70) before their next scheduled game. If fee is not paid, team will be removed from the league.

Official Fees: $35 per game for officials *Must be Exact Cash*
Captains meeting TBD: this will address, conduct, officiating and scheduling
Game Times: Sunday’s (Game Times: 10:30am. All other games follow)
Questions Contact: Front Desk at Hillcrest Y (216) 382 4300

Please complete both sides and return to front desk with payment.
(All parts need to be filled out or team will NOT be processed)

Team Name: ________________________ League A or B (please circle one)
League A is the most competitive (ex. college players) and B is less competitive

Captain Name_________________________________________ Phone _______________________

Email ____________________

Assistant Captain Name______________________ Phone ________________________
Email: ______________________

YMCA OF GREATER CLEVELAND LIABILITY RELEASE

I hereby assume all risks and release and hold harmless the YMCA of Greater Cleveland and its members, volunteers and employees from any claims which might arise as a result of my presence, participation and membership in the YMCA of Greater Cleveland. I understand in the event of any accident or other emergency, every effort will be made to reach my emergency contact. However, in the event that they cannot be contacted, I hereby give permission to the physician to give proper treatment, to administer injections, and to perform surgery as needed, if necessary.

ENTIRE ROSTER MUST BE COMPLETE TO REGISTER
NO Roster Changes after 3rd Game
Must play in 5 games to be eligible for playoffs
ID's will need to be provided upon request to verify identity

| Name | Date of Birth | Phone Number | E-mail Address | Signature of Release.
|------|---------------|--------------|----------------|----------------------
| Captain   |               |              |                | Please read above statement and confirm with signature. |
| 1       |               |              |                |                      |
| 2       |               |              |                |                      |
| 3       |               |              |                |                      |
| 4       |               |              |                |                      |
| 5       |               |              |                |                      |
| 6       |               |              |                |                      |
| 7       |               |              |                |                      |
| 8       |               |              |                |                      |
| 9       |               |              |                |                      |
| 10      |               |              |                |                      |
| 11      |               |              |                |                      |
| 12      |               |              |                |                      |

MSR's: Do not take registration form if anything is missing.

For Office Use Only

MSR: ___________ DATE RECEIVED: ___________ TOTAL PAID: ___________