



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.
 - 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. <small>Please read above statement and confirm with signature.</small>
Captain				
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 _____