Men’s 2017 Adult Basketball League
Warrensville Heights Family YMCA

Registration Fee - $200
Registration Deadline: Saturday, January 22nd

- 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
- Business and corporation teams are encouraged
- Teams must have jerseys or shirts with numbers to play.
- Tournament Champs get $50.00 off the league fee for next session
- League starts January 29th and runs for approximately 10 weeks
- Teams are guaranteed 10 games plus tournament play
- Only 10 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 ($20) before their next scheduled game. If fee is not paid, team will be removed from the league.
- ABBL website: (http://www.leaguelineup.com/ymcawarrensvillehabbl) we keep track of standings, schedules, and stats for each team. THIS WILL BE THE ONLY PLACE WHERE THE SCHEDULE WILL BE KEPT.

Official Fees: $25 per game for officials *Must be Exact Cash paid before each game*
Captains meeting TBD: this will address, conduct, officiating and scheduling
Games: Sunday afternoons
  *Games will start no later than 5 minutes from original start time

Questions Contact: Mischa Brown mbrown@clevelandymca.org / (w) 216-518-9622
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: ______________________
Captain Name_________________________ Phone ______________________
Email __________________________
Assistant Captain Name__________________ Phone ______________________
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 7th Game
Must play in 5 games to be eligible for playoffs

ID’s will need to be provided upon request to verify identity

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Phone Number</th>
<th>E-mail Address</th>
<th>Signature of Release</th>
</tr>
</thead>
<tbody>
<tr>
<td>Captain</td>
<td></td>
<td></td>
<td></td>
<td>Please read above statement and confirm with signature.</td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MSR’s: Do not take registration form if anything is missing. For Office Use Only

MSR: _______________ DATE RECEIVED: ___________ TOTAL PAID ___________