



# Men's 2017 Adult Basketball League

## Warrensville Heights Family YMCA

**Registration Fee - \$200**

**Registration Deadline: Saturday, January 22<sup>nd</sup>**

- 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 29<sup>th</sup>** 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](mailto: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 7<sup>th</sup> 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				

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

**For Office Use Only**

**MSR:** \_\_\_\_\_

**DATE RECIEVED:** \_\_\_\_\_

**TOTAL PAID** \_\_\_\_\_