

**MASON COMMUNITY CENTER**  
6050 Mason-Montgomery Road  
Mason, Ohio 45040  
P: 513.229.8555  
F: 513.229.8556  
www.imaginemason.org



## ADULT MEN'S FALL BASKETBALL LEAGUE

*Indoor fall basketball at Mason Community Center!*

**Season opener:** October 10

**Games:** minimum of 8 per team over 8 weeks

**Game day:** Thursdays at 6:30, 7:30, or 8:30 p.m.

(no games on October 31 or November 28)

**End-of-season tournament:** December 19; for top 4 teams by win/loss record; single-elimination

**Team size:** Minimum of 5, maximum of 10

**Fee:** \$240 per team, plus referee fees of \$30 per team per game, paid to the referee on the court

**Roster Deadline:** October 3 captain's meeting

**Payment:** cash, credit card (Visa or MC), or check payable to City of Mason.

**Payment Deadline:** October 3 captain's meeting. No refunds after this date.

**Play:** OHSSA rules in conjunction with Mason Community Center league rules

**Team Captains:** Register on behalf of your team by mailing or delivering the completed form on reverse to Mason Community Center, or scan and e-mail it to [communitycenter@masonoh.org](mailto:communitycenter@masonoh.org)

**Captains' Meeting:** All team captains are required to attend a meeting at 7:30 p.m. on Thursday, October 3, at Mason Community Center

**Questions:** please contact the League Coordinator at 513.229.8555

**PLEASE COMPLETE THE TEAM ROSTER ON REVERSE.** All information must be complete for the roster to be accepted. All team members must sign.



# 2013 ADULT MEN'S BASKETBALL LEAGUE REGISTRATION

TEAM NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

TEAM CAPTAIN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_

Home Phone

Cell Phone

E-mail

ARE YOU PLAYING IN THE LEAGUE:    NO    YES. IF YES, WHAT IS YOUR T-SHIRT SIZE (S-XXXXL): \_\_\_\_\_

## RELEASE OF ALL CLAIMS

In consideration of the opportunity to engage in recreational activities with the City of Mason, the undersigned hereby waives, releases, saves, holds harmless, and indemnifies the City of Mason and the Mason City School District, their elected and appointed officials, boards, commissions, volunteers, employees, agents, and independent contractors, for and from any and all liability, loss, costs, damages, expenses, claims, or actions for damage or personal injury to me, my spouse, or my dependents arising out of or by any act or omission on the part of the user while participating in any City of Mason sponsored activity. The undersigned understands that the City of Mason and the Mason City School District are not liable or responsible in any way for injuries sustained, damages incurred, or accidents occurring during the activities taking place during City of Mason programs and events. The undersigned further assumes the risk of all conditions in and about City of Mason and Mason City School District property, both real and personal, and waives any and all specific notice of the existence of such conditions, if any. Furthermore, this release bars claims by the undersigned's spouse, children, heirs, assigns, executors, and administrators. The undersigned understands that photographs and/or videotapes of the undersigned or family members participating in or using a City of Mason program or facility may be taken for use in promoting City of Mason activities and facilities in future editions of CenterPoint, in a variety of other publications, on social media, on display boards throughout the City facilities, and for other uses by the City of Mason. The undersigned hereby gives permission to use such photographs without compensation.

TEAM MANAGER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please note that each player must sign below to accept the Release of All Claims (above) for that player to be eligible to play.\***

PLAYER 1 NAME	DATE OF BIRTH	PLAYER 1 NAME	DATE OF BIRTH
ADDRESS	PHONE	ADDRESS	PHONE
T-SHIRT SIZE (S-XXXXL)	COM. CENTER MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO	T-SHIRT SIZE (S-XXXXL)	COM. CENTER MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE (I HAVE READ AND ACCEPT THE RELEASE OF ALL CLAIMS—SHOWN ABOVE)		SIGNATURE (I HAVE READ AND ACCEPT THE RELEASE OF ALL CLAIMS—SHOWN ABOVE)	
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\*Team members who can no longer play during the season may be replaced on the roster by notifying the League Coordinator.