

**MASON COMMUNITY CENTER**

6050 Mason-Montgomery Road

Mason, Ohio 45040

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CITY OF **MASON** OHIO*more than you imagine.*

# ADULT MEN'S BASKETBALL LEAGUE REGISTRATION

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

TEAM MANAGER'S NAME: \_\_\_\_\_

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

CONTACT: \_\_\_\_\_  
Home Phone Cell Phone E-mailARE YOU PLAYING IN THE LEAGUE:  YES  NO IF YES, WHAT IS YOUR T-SHIRT SIZE (S-XXXXL): \_\_\_\_\_**TEAM ROSTER** (All information must be complete for roster to be accepted. See reverse for Release of All Claims.)

|   |   |   |   |
|---|---|---|---|
| PLAYER 1 NAME   | DATE OF BIRTH   | PLAYER 2 NAME   | DATE OF BIRTH   |
| ADDRESS   | PHONE   | ADDRESS   | PHONE   |
| T-SHIRT SIZE (S-XXXXL)  | COM. CENTER MEMBER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | T-SHIRT SIZE (S-XXXXL)  | COM. CENTER MEMBER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| SIGNATURE (I HAVE READ AND ACCEPT THE RELEASE OF ALL CLAIMS—ON REVERSE) |   | SIGNATURE (I HAVE READ AND ACCEPT THE RELEASE OF ALL CLAIMS—ON REVERSE) |   |
| PLAYER 3 NAME   | DATE OF BIRTH   | PLAYER 4 NAME   | DATE OF BIRTH   |
| ADDRESS   | PHONE   | ADDRESS   | PHONE   |
| T-SHIRT SIZE (S-XXXXL)  | COM. CENTER MEMBER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | T-SHIRT SIZE (S-XXXXL)  | COM. CENTER MEMBER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| SIGNATURE (I HAVE READ AND ACCEPT THE RELEASE OF ALL CLAIMS—ON REVERSE) |   | SIGNATURE (I HAVE READ AND ACCEPT THE RELEASE OF ALL CLAIMS—ON REVERSE) |   |
| PLAYER 5 NAME   | DATE OF BIRTH   | PLAYER 6 NAME   | DATE OF BIRTH   |
| ADDRESS   | PHONE   | ADDRESS   | PHONE   |
| T-SHIRT SIZE (S-XXXXL)  | COM. CENTER MEMBER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | T-SHIRT SIZE (S-XXXXL)  | COM. CENTER MEMBER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| SIGNATURE (I HAVE READ AND ACCEPT THE RELEASE OF ALL CLAIMS—ON REVERSE) |   | SIGNATURE (I HAVE READ AND ACCEPT THE RELEASE OF ALL CLAIMS—ON REVERSE) |   |
| PLAYER 7 NAME   | DATE OF BIRTH   | PLAYER 8 NAME   | DATE OF BIRTH   |
| ADDRESS   | PHONE   | ADDRESS   | PHONE   |
| T-SHIRT SIZE (S-XXXXL)  | COM. CENTER MEMBER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | T-SHIRT SIZE (S-XXXXL)  | COM. CENTER MEMBER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| SIGNATURE (I HAVE READ AND ACCEPT THE RELEASE OF ALL CLAIMS—ON REVERSE) |   | SIGNATURE (I HAVE READ AND ACCEPT THE RELEASE OF ALL CLAIMS—ON REVERSE) |   |
| PLAYER 9 NAME   | DATE OF BIRTH   | PLAYER 10 NAME  | DATE OF BIRTH   |
| ADDRESS   | PHONE   | ADDRESS   | PHONE   |
| T-SHIRT SIZE (S-XXXXL)  | COM. CENTER MEMBER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | T-SHIRT SIZE (S-XXXXL)  | COM. CENTER MEMBER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| SIGNATURE (I HAVE READ AND ACCEPT THE RELEASE OF ALL CLAIMS—ON REVERSE) |   | SIGNATURE (I HAVE READ AND ACCEPT THE RELEASE OF ALL CLAIMS—ON REVERSE) |   |

Enjoy indoor summer basketball at Mason Community Center! The season opener is mid-June and your team will play a minimum of 9 games and finish the season with a single-elimination tournament. Registration is per team. All league play is under OHSSA rules in conjunction with Mason Community Center league rules. Games will be played on Sundays between 2:00 and 6:00 p.m. Teams must have a minimum of 5 players and a maximum of 10. Additional referee fees are \$30 per team per game, paid to the referee on the court.

Team Captains: Register on behalf of your team by mailing or delivering the completed form to Mason Community Center, or scan and email it to [communitycenter@masonoh.org](mailto:communitycenter@masonoh.org). All team captains are required to attend a meeting at 7:30 p.m. on Wednesday, June 5.

If you have any questions, please contact the League Coordinator at Mason Community Center by calling 513.229.8555.

## **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 the Team Roster (on reverse) in agreement of the Release of All Claims for that player to be eligible to play.