



Catoosa County Parks & Recreation

Catoosa County Adult Basketball League Entry Fee Contract

I, _____, representing _____,
Team Representative **Team Name**

acknowledge that I have received the 2018 Adult Basketball League Rules Packet. I also acknowledge that I have read and understood Item 4 in the Basketball Rules which states: “Any team that drops out of the League after the ‘League Schedule’ has been created will receive “no refund” of entry fee money.” Entry Fee checks will be deposited the day after they are received & league schedules will begin forming on **Monday, December 21th, 2018 @ 5:00pm**. This date will serve as the deadline and the last day any team can withdraw from the Catoosa County Adult Basketball League without penalty and forfeiture of their entry fee.

Signature

Date

DIVISION/CLASS: _____

I hereby agree to play with the _____ Team of the Catoosa County Adult Basketball League for the season **Winter 2019** subject to the rules and regulations. I have not signed a roster with any other team nor will I sign another roster until I am properly released from this roster. To be valid all information requested on this roster must be stated hereon.

I do not receive remuneration, either directly or indirectly, for playing basketball, but play solely for pleasure and for the physical, mental, social and moral benefits to be derived from playing.

ASSUMPTION OF RISK RELEASE AND INDEMNITY AGREEMENT

We, the players, coaches and manager of _____ Basketball Team with the intention of binding ourselves, our heirs, legal representatives, and assigns, do hereby release discharge and covenant never to institute any suit against the **CATOOSA COUNTY ADULT BASKETBALL LEAGUE**, or any agent or employee of said City/County, be reason of any claim I may hereafter acquire relating to any injury or damage that may occur as a result of using premises and property owned, leased, maintained, or operated by said Catoosa County during the **Winter 2019** basketball season.

PLAYERS SIGNATURE

PLAYERS NAME

ADDRESS

PHONE

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**** Each person must print and sign their own name.**

Team Coach: _____ Address: _____ Phone: _____

**** Pastor's or Personnel Manager's signature approving roster: X**