

The City of White Plains Department of Recreation & Parks
2017 WINTER MEN'S BASKETBALL LEAGUE



REGISTRATION DEADLINE
IS NOVEMBER 10, BY TEAM ONLY.

Team representative **MUST** Attend the Coaches Meeting
on Wednesday, November 15th, @ 7PM.

TEAM FEE:

\$1,000 **WITH** Sponsors Name on Jerseys.

\$950 **WITHOUT** Sponsors Name on Jerseys.

INCLUDES: ALL Ref Fees, 12 Jerseys, & 9 Games.

FEE IS DUE BEFORE THE COACHES MEETING!

SEASON BEGINS:

December 11, 2017

GAME LOCATION:

Highlands MS, North/Upper Gym
(128 Grandview Avenue)

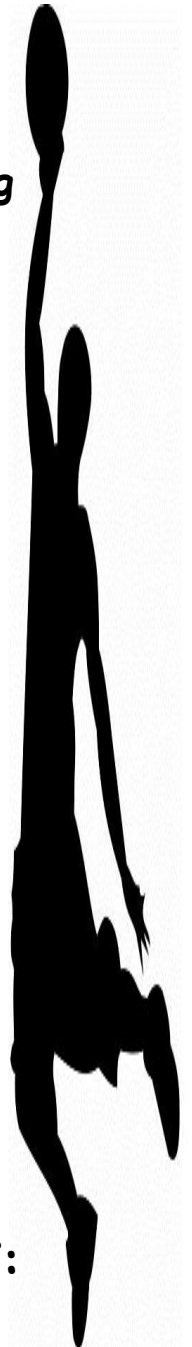
TEAM REGISTRATION:

Ongoing at Dept. of Recreation and Parks,
85 Gedney Way

FOR ADDITIONAL INFORMATION CONTACT:

George Price, Program Supervisor

DIRECT: (914) 422-1347 and/or **EMAIL:** Gprice@whiteplainsny.gov



2017-18 WINTER MEN'S BASKETBALL LEAGUE ROSTER

TEAM NAME: _____
 HEAD COACH: _____ ASST. COACH: _____
 EMAIL: _____ EMAIL: _____
 HOME #: () _____ CELL#: () _____ HOME #: () _____ CELL#: () _____

RELEASE OF LIABILITY: In consideration of my acceptance for participation in the activities/programs/use of facilities of **the City of White Plains**, I agree that I am aware of the inherent dangers and risks involved in these activities/programs including bodily injury which may result from strenuous activity or other causes related to the activities/programs. By signing this roster, I agree to release and hold harmless **the City of White Plains**, it's officials, officers, agents, employees and volunteers from and against and all liability, damage or claim of any nature arising out of or in any way related to my participation in these activities/programs except those things caused by the sole negligence of the **City**. I understand that **the City of White Plains** does not provide accident or medical insurance and I am financially responsible for any and all medical expenses whatsoever that I may occur. I have read, understand and agree with the terms of this release.

ALL ROSTERS ARE CLOSED AFTER TEAM'S 3RD GAME!

No.	PRINT NAME	ADDRESS	PHONE NUMBERS			SIGNATURE
			Cell	Home	Emergency	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

MAKE CHECKS PAYABLE TO: The City of White Plains
(A \$20.00 FEE WILL BE CHARGED FOR ANY RETURNED CHECKS).

Refund Policy: A full refund will be issued for any program cancelled by Recreation & Parks

FOR OFFICE USE ONLY					
Course # <u>240310-01</u>	Program Fee:	<u>\$1,000.00</u> (Attach Sponsors Info.)	<u>\$950.00</u>	Cash Amount: \$ _____	Check #: _____
Credit Card #: _____	MASTER CARD	VISA	AMEX	OTHER: _____	Received by: _____

