REC. LEAGUE BASKETBALL ROSTER 2009

818.249.8505 x1

INSTRUCTIONS: FILL IN #1- # 7

Incomplete applications cannot be processed and will receive lower priority..

1. LEAGUE: A+ Major = Advance B+ Major = Intermediate Open = A/B

Check One		Night/Day	Division	Location
	Men's	Monday	Advance	FIS
	Men's	Tuesday	B+ Major	FIS
	Men's	Thursday	30 & Over	Loma Alta
	Women's	Friday	Open	FIS

2. TEAM NAME: _____ Pager/other # _____ E -Mail_____

3. MANAGER: _____ Home Phone # _____ Wk Ph# _____

4. ADDRESS: _____ City _____ Zip _____

5. **ROSTER:** Must Have 5 Min.- 12 Max. (Corporate Teams Allowed 15 Players per roster use wavier form)

Print First, Last Name	**Sign Name**	**Address**	**Phone #**	**Email**
1. Name:	Sign:	Address:	Phone #:	Email:
2. Name:	Sign:	Address:	Phone #:	Email:
3. Name:	Sign:	Address:	Phone #:	Email:
4. Name:	Sign:	Address:	Phone #:	Email:
5. Name:	Sign:	Address:	Phone #:	Email:
6. Name:	Sign:	Address:	Phone #:	Email:
7. Name:	Sign:	Address:	Phone #:	Email:
8. Name:	Sign:	Address:	Phone #:	Email:
9. Name:	Sign:	Address:	Phone #:	Email:
10. Name:	Sign:	Address:	Phone #:	Email:
11. Name:	Sign:	Address:	Phone #:	Email:
12. Name:	Sign:	Address:	Phone #:	Email:

6. T-shirt Sizes Total: SM _____ M _____ L _____ XL _____ XXL _____ (8 prizes per team)

7. **MAKE CHECK PAYABLE: Rec. League La Canada Community**

TEAM LEAGUE FEE: - $295.00 Per Team **Late League Fees or Team Roster $100.00**

(Nonrefundable after acceptance) First Come-First Serve Until Deadline!

HOLD HARMLESS AND ASSUMPTION OF RISK AGREEMENT FOR PARTICIPATION IN SPORTS PROGRAM 16 yrs and Over Parents Must Sign For Youth. For and in consideration of participate in the La Canada Community Rec. Leagues Sports Program, I hereby voluntarily release, discharge, waive, and relinquish any and all action or causes or action for personal injury, property damage or wrongful death against La Canada Community Rec. Leagues and or the La Canada Unified School District and or the City of La Canada and or any of its officers, agents, servants or employees, whether the same shall arise by the negligence of any said persons, or otherwise, occurring to me as a result of participating in the Sports Program or any activities incidental thereto wherever or however the same may occur and for whatever period said may continue It is my intention by signing this instrument to exempt and relieve the City of La Canada Flintridge, and or the La Canada Unified School District and or its officers, agents, servants or employees from liability for personal injury, property damage or wrongful death caused by negligence. I am fully aware of the risk and hazards inherent in participating in the Sports Program, I understand that serious accidents occasionally occur during participation in the sports programs can suffer serious injury. I realize that no medical insurance is provided by the, La Canada Community Rec. Leagues, and or the La Canada Unified School, and or the City of La Canada Flintridge District for any injuries that may be sustained by me during participation in the sports program.