



# JAY COMMUNITY CENTER 2017 SPRING ADULT 5-ON-5 BASKETBALL



**What:** An adult men's 5-on-5 basketball league. Participants must be at least a freshman in high school to participate.

**When:** Games will be played on Sunday afternoons at the Jay Community Center beginning 4/2/2017.

**Cost:** \$150 Team Fee – Each team must have \$20 cash every game to pay officials.  
Registration deadline – 3/24/17

**Team Info:**

Team Name: \_\_\_\_\_

Captain: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Team Color 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_  
(Each team is responsible to provide their numbered shirts)

**Roster: Maximum of 10 players**

1	_____	6	_____
2	_____	7	_____
3	_____	8	_____
4	_____	9	_____
5	_____	10	_____
6	_____	12	_____

PARTICIPANT RELEASE: As a participant of the Jay Community Center's 2017 Men's 5-on-5 Leagues, I agree to hold harmless and release the center's directors, sponsors, and officials from any and all liability related to this event. I hereby give my consent for the Jay Community Center to use my photograph and likeness to be used in its publications, including its website and social media. I release them from any expectation of confidentiality for the undersigned minor(s) children and myself and attest that I am the parent or legal guardian of the children listed above.

**\*\*Each Player Must Sign Below Prior to Playing\*\***

1	_____	6	_____
2	_____	7	_____
3	_____	8	_____
4	_____	9	_____
5	_____	10	_____
6	_____	12	_____

Office use only:

Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Check No. or Cash: \_\_\_\_\_ Employee: \_\_\_\_\_ Receipt #: \_\_\_\_\_