



Jay Community Center

2019 Winter Adult 5-on-5

Basketball



Team Name: _____ Team Captain _____

Address: _____ City, State, Zip: _____

Phone #: _____ Email: _____

Team Color 1st Choice _____ 2nd Choice _____ 3rd Choice _____

(Each team is responsible to provide their numbered shirts)

Team Fee: \$150 – Each team must have \$25 cash every game to pay officials.

Deadline: 11/24/19

Games Played on Sunday Afternoons

(starting 12/1/2019 for 7 weeks)

Roster: Maximum of 12 players

1 _____	7 _____
2 _____	8 _____
3 _____	9 _____
4 _____	10 _____
5 _____	11 _____
6 _____	12 _____

PARTICIPANT RELEASE: As a participant of the Jay Community Center's 2019 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 _____	7 _____
2 _____	8 _____
3 _____	9 _____
4 _____	10 _____
5 _____	11 _____
6 _____	12 _____

Office use only:

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