



MEN'S SUMMER BASKETBALL LEAGUES

MEN'S A LEAGUE: (COMPETITIVE) WEDNESDAYS - 8 TEAM MAX.

MEN'S B LEAGUE: (RECREATIONAL) WEDNESDAYS - 8 TEAM MAX.

MEN'S 35 & OVER LEAGUE: THURSDAYS - 8 TEAM MAX.

ALL LEAGUES HAVE 7 REGULAR SEASON GAMES & A SINGLE ELIMINATION TOURNAMENT.

MEN'S A & B SEASON: WEDNESDAY, JUNE 16-AUGUST 11

MEN'S 35 & OVER SEASON: THURSDAY, JUNE 17-AUGUST 12

FEES: \$475 PER TEAM PLUS \$7 PER NON-RESIDENT PLAYER

ALL LEAGUES WILL NEED A MINIMUM OF 6 TEAMS.

DEADLINE FOR REGISTRATION: FRIDAY, JUNE 4

**MANDATORY COACHES MEETING TUESDAY, JUNE 8 AT 6 PM
AT THE MASSILLON RECREATION CENTER.**

**FOR MORE INFORMATION CONTACT THE MASSILLON RECREATION CENTER
AT 330-832-1621.**

SUMMER ADULT BASKETBALL REGISTRATION FORM

Register at Massillon Parks and Recreation Department, 505 Erie Street North, Massillon, OH 44646

Phone (330) 832-1621

Fax (330) 832-0456

Make checks payable to City of Massillon - (Mail in registration accepted)

Please check which league your team will participate in:

Men's A League: _____

Men's B League: _____

Men's 35 & Over League: _____

Team Name _____

Team Shirt Color _____

Managers Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Assistant Coach/ Manager Name: _____ Phone: _____

How many years has the team participated together? _____ Last years team name? _____

Scheduling concerns: (not all concerns can be met) _____

TEAMS WILL NOT BE ACCEPTED WITHOUT FULL PAYMENT!

Participation Waiver

I, _____, a voluntary participant in this program sponsored by the City of Massillon, am aware that there are certain risks of injury involved in any sport or recreational activity. Bearing in mind, and with full knowledge of the physical capabilities or limitations of my child, I hereby agree to assume for my child such risk of injury. I further agree to indemnify and hold harmless the City of Massillon, their administrators, employees or agents against any claim for injury to persons or property which may result from my child's participation in this activity. Finally, I agree that my child shall abide by the rules and supervision of the Massillon Parks & Recreation Department.

Signature: _____ Date: _____