

Adult Basketball Registration Form 2019-2020



Please Register at:

2401 Wade Ave Raleigh, NC 27607 (Athletics Office)

Registration Dates:

October 7-11, 2019 from 8:30am-5:15pm

Barcode #: 245286

Fees:

Regular Season & Tournament: \$450

Non- City Residents: \$24

Team Name: _____

Name of Team to appear on schedule : (Max 8 Characters)

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Estimation of Skill Level : (circle one) Excellent Above Average Average Below Average None

Sponsor's Name (If Applicable) : _____

Manager: _____

Address: _____ City: _____ Zip: _____

E-Mail (All correspondence will be via email - Write Clearly!) : _____

Phone (H): _____ Phone (W): _____ Cell : _____

League Preference: (circle one) Men's Open Closed Church Women's

Team Status: (circle one) Returning Combination of Past Teams New Team

League: _____ Finish: _____

Special Scheduling Request: Please note scheduling request below, this may result in a team being moved up in skill level. _____

Please initial if you give permission for your address and/or telephone numbers to be shared when requested for any reason. INITIALS: _____



Athletics Division
2401 Wade Avenue,
Raleigh, NC 27607
919-996-6836

For Office Use Only

League Age: _____
Verified By: _____
Team: _____
League: _____

Receipt #: _____
Fee Paid: _____
Registered at: _____
League Manager: _____

Refund Policy

- 100% refund/credit/transfer if the Department cancels the program or the facility rental.
- Refund requests received in writing at least 14 or more days in advance of the program/rental/team placement date are entitled to:
 - A. 100% credit or transfer of fees to another program at the time of the withdrawal;
 - B. 85% refund based on the total cost of the program or rental;
 - C. 85% credit/transfer/refund of eligible rental fees
- Refund/credit/transfer requests received less than 14 days in advance of the program/rental/team placement date will not be granted.
- Refunds for medical circumstances requested prior to the program/rental/team placement date will be granted at 100%, pending verification.

Non-Discrimination Policy

The policy of the City of Raleigh is, and shall be, to oppose any discrimination based on actual or perceived age, mental or physical disability, sex, religion, race, color, sexual orientation, gender identity or expression, familial or marital status, economic status, veteran status or national origin in any aspect of modern life. A participant alleging discrimination on the basis of any of the aforementioned areas may file a complaint with either the Director of Raleigh Parks, Recreation and Cultural Resources Department or the Office of Equal Opportunity, U.S.

Release, Indemnity, and Agreement Not To Sue

I understand that participating in the recreational program selected involves risk of injury or illness. These risks include, but are not limited to, inclement weather, accidents while traveling, food related illness, equipment problems or failures, contact with and actions of other participants, spectators, and volunteers, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risks.

By signing the Program Registration form, I acknowledge all risks of injury, illness, death, and property damage, and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may

Participant Signature _____ Date _____