

CLAYTON PARKS AND RECREATION DEPARTMENT



2017 REGISTRATION PACKET ADULT BASKETBALL

- ENTRY FEE: \$450.00 per team
- PARTICIPANT FEE: All out of town residents/Non-Recreation Center Members must pay an additional \$25.00 participant fee. Participant fees must be included in the team entry fee check.
- CHECKS: All checks must be made payable to "Town of Clayton".
- TEAM ENTRY APPLICATION: All information called for on the team entry application should be provided. **NO APPLICATION WILL BE ACCEPTED UNLESS ACCOMPANIED BY THE FULL ENTRY FEE AND PARTICIPANT FEE.**
- OFFICE HOURS: 8AM – 9PM Monday – Thursday
8AM – 6PM Friday
10AM – 2PM – Saturday
- DEADLINE FOR REGISTRATION: **Until leagues are full**

CLAYTON PARKS AND RECREATION DEPARTMENT
715 Amelia Church Road
P.O. BOX 879
CLAYTON, NC 27528
(919) 553-1551

Note: The team rosters and waiver forms will be final as of the second game of the regular season. No players may be added after the second game. These forms must be completely filled out! No changes will be accepted after this time. Each player must be 25 years of age before he/she participates. Any information missing for a player will result in an ineligible player for the season.

**CLAYTON PARKS AND RECREATION DEPARTMENT
TEAM REGISTRATION FORM**

PLEASE CIRCLE THE LEAGUE YOU ARE IN:

OPEN BASKETBALL

TEAM NAME: _____

TEAM REPRESENTATIVE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: (H) _____ (W) _____

CHECKLIST

_____ ROSTER ATTACHED

_____ ENTRY FEE INCLUDED (CHECKS PAYABLE TO TOWN OF CLAYTON)

SIGNATURE OF TEAM REPRESENTATIVE

DATE

FOR OFFICE USE ONLY

FEE PAID: _____

RECEIPT #: _____

DATE RECEIVED: _____

INITIALS: _____

**CLAYTON PARKS AND RECREATION DEPARTMENT
ADULT BASKETBALL TEAM ROSTER**

TEAM: _____ COACH: _____

COACH'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE;(C): _____ (H): _____ (W): _____

Individuals must sign player's waiver form and all fees must be paid in order to be eligible to participate

	NAME	ADDRESS	PHONE#	EMAIL	BIRTH DATE
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____

This is to certify that the above roster is correct and all players are eligible as set forth in league rules. Any changes in the roster should be referred back to the rules stated in the league rules.

CLAYTON PARKS AND RECREATION DEPARTMENT ADULT BASKETBALL PLAYER WAIVER FORM

I agree to participate in Adult Basketball offered by the Clayton Parks and Recreation Department. I understand that I shall abide by all Department rules as a condition of participation. I am aware that the activity may cause accident or injury as a direct or indirect result of participation. I also agree to assume all risks involved in participating in the activity. I further agree to release the Town of Clayton, it's employees, volunteers, and agents from any responsibility should an accident occur. I UNDERSTAND THAT NO INSURANCE COVERAGE IS PROVIDED BY THE TOWN OF CLAYTON PARKS AND RECREATION DEPARTMENT

TEAM: _____

	PRINT NAME	SIGNATURE	DATE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____