

Richmond Parks & Recreation Department



Adult Women's Basketball League

Fee: \$265 per Team Games begin November 1, 2009

**Must be 18 years of age or older by November 1, 2009 *No person is allowed to play if they have represented a high school varsity, competitive college/university basketball team in the past year.*

**need a minimum of three teams to sign up to form a league*

REGISTRATION DEADLINE: Thursday, October 22, 2009

Team Name: _____ Team Captain: _____

E-mail: _____

Home Phone # _____ Cell # _____

Address: _____

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damage or loss which I may sustain as a result of participating in the program. I do hereby fully release and discharge the City of Richmond Recreation Department and its officers, agents and all employees from any and all claims from injuries, including death, damage or loss which my child or myself may have or which may occur on account of my participation in this program.

I (We) agree to abide by the rules and regulations as set forth by the Richmond Recreation Department Basketball League, for our family's participation in the basketball program. I understand that this includes, but is not limited to, good sportsmanship toward the officials, coaches, and opposing players and their coaches and fans. **FAILURE TO DO SO MAY RESULT IN EXPULSION FROM THE GYM FOR REMAINDER OF GAME AND ALL FUTURE GAMES.** I have read and fully understand the above program details and waive and release all claims.

Team Roster (Maximum 15 players)

	Name	Phone	Signature
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____

PROGRAM POLICIES: The Richmond Recreation Department reserves the right to cancel, combine or divide classes or programs; to change the time, date, fee or place of meeting or to make necessary revisions in any program when necessary.

NO REFUNDS

Please return to: City Collector's Office, 205 Summit, Richmond, MO 64085. Make checks payable to: *City of Richmond.*

Office Use Only

Amount Paid \$ _____ Date Rec'd _____ By _____

For more information contact: Haley Morrissey

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