

RUTLAND RECREATION
and PARKS DEPARTMENT

for the community

fun opportunity respect

Welcome to the 2017/2018 men's winter basketball league! Attached you will find your team's registration packet which includes your team roster as well as the individual registration waivers. Please make copies of the waivers and ensure that all players complete and sign them.

League play is open to graduated high school seniors (17/18 years old) and older and will run Tuesdays (approximately 7:30-10:30pm) starting November 21st until the end of February (length of season will directly depend on the number of teams registered). Schedules will be released by November 14th. Games will be played at Rutland Intermediate School. **DRINKING OR SMOKING ON SCHOOL PREMISES IS PROHIBITED.** The number of games each team plays depends on the final number of teams. There will be no games the week of December 25th.

The base team fee is \$700.00 plus an \$11.00 per every non-resident and \$6.00 per player fee (every player is charged this resident or non-resident). Players who do not reside within the city limits of Rutland **must** pay the \$11.00 non-resident fee. Addresses will be verified and those players providing false information will be removed from the program with no refund. Each team must have at least 10 players on their roster.

Registration and full payment are due by November 3rd (NO EXCEPTIONS).

If you have any further questions, please do not hesitate to contact me and I look forward to seeing your team on the court this winter!

Best regards,

Jamie Trayer

Program Director

Rutland Recreation and Parks Department

16 North Street Extension

Rutland, VT 05701

802-773-1822 Main office

802-775-2030 Fax

[Giorgetti Arena](#)

2 Oak St. Extension

Rutland, VT 05701

802-775-7976 Arena

802-282-2054 Work Cell

jamiet@rutlandrec.com

MEN'S BASKETBALL LEAGUE APPLICATION

(one PER team)
Winter 2017/2018
(Please print clearly)

TEAM NAME:		EMAIL:	
MANAGER:		HOME #:	
STREET ADDRESS:		CITY/TOWN:	
ZIP:			

IMPORTANT:

Complete roster packets and full payment must be received by Friday November 3rd for your team to participate. Players who do not reside within the city limits of Rutland **must** pay the \$11.00 non-resident fee. Addresses will be verified and those players providing false information will be removed from the program with no refund.

	PRINT FULL NAME	STREET ADDRESS	CITY/TOWN		
1				NR	R
2				NR	R
3				NR	R
4				NR	R
5				NR	R
6				NR	R
7				NR	R
8				NR	R
9				NR	R
10				NR	R
11				NR	R
12				NR	R
13				NR	R
14				NR	R

FOR OFFICE USE ONLY (All teams must have at least 10 players on their roster with completed paper work.)

TEAM FEE = \$700.00

NON-RESIDENT FEE - # of NR _____ x \$11.00 = _____
PLAYER FEE - # of PLAYERS _____ x \$6.00 = _____

TOTAL (team fee + NF fee + player fee) = _____



PROGRAM: MEN'S WINTER BASKETBALL LEAGUE (one PER player)

Full Name:
Street Address:
City, State, Zip:
Home Phone:
Cell Phone:
Email Address:
D.O.B:
Team Name:

INFORMED CONSENT

I the undersigned participant acknowledge, agree and understand that:

1. Participation in this sport/activity is hazardous and may result in injury and participation is potentially dangerous to myself and others.
2. I also certify that I am physically capable of participating in this activity/program.
3. Further, I agree that in consideration for permission to participate in the City of Rutland's sponsored programs, I assume all risks of injury incurred or suffered while on city premises and/or while participating in the City of Rutland's recreational programs.
4. **RELEASE: In consideration of your accepting this application in the Rutland Recreation Department's program, I hereby for myself, my heirs, executors, and administrators, waive and release any and all right and claims for damages I may have against the City of Rutland, the Rutland Recreation & Parks Department, their agents, representatives, and assigns for any and all injuries suffered by me in this program.**
5. As a matter of caution, the Department strongly recommends that you have accident and health insurance in force when you take part in a program.
6. I have read the above informed consent, understand them and agree to abide by them.
7. I hereby consent to the use of my or my child's photo, video, artwork, etc. by the department for flyers, presentations, promotions, etc.

Signature

Date