



# YMCA Adult Basketball League



Games Start February 25<sup>TH</sup> – TBD

Mondays: 6:30 pm, and 7:45 pm  
Tuesdays: 6:30 pm, and 7:45 pm  
Wednesdays 6:30pm and 7:45 pm

TEAM Name: \_\_\_\_\_

TEAM CAPTAIN/CONTACT PERSON: \_\_\_\_\_

**P-R-I-N-T NEATLY**

Participant's Name \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (first) (last)  
\_\_\_\_ Male \_\_\_\_ Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

**E-Mail :REQUIRED FOR SCHEDULING**

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**FEES**

**Team Fee: \$250**

**LAST DAY TO REGISTER A TEAM IS FEBRUARY 13<sup>TH</sup>**

**WAIVER and AUTHORIZATION.** I certify that I am in good physical condition and can participate in the YMCA sports program named above. Every reasonable effort will be made to ensure the safety of the playing fields and facilities, however the YMCA does not assume responsibility for lost or stolen articles or for personal injuries sustained by participants. I realize that there is potential for injury in sports programs and I agree to assume those risks. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the coaches, directors or other personnel associated with the program to secure proper treatment and/or hospitalization for me. Knowing that the YMCA does not carry accident insurance on program participants I will be financially responsible for any medical and/or other charges in connection with my participation in the program. I hereby waive, release and hold harmless the YMCA, its sponsors and any and all persons and organizations associated with the program from any and all injuries, negligence, damage and for any claims or causes of action arising from my participation in the program. I give permission for media to be taken of me to be used for YMCA promotional purposes and sponsors.

**BY MY SIGNATURE BELOW I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING**

Parent / Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**WHO** Men/Women ages 16 and older. Under 18 must have a parent signature.

**WHAT** 5-on-5 Basketball. Round Robin play.

**WHERE** YMCA Gymnasium; 2020 Church Street.

**GAME SCHEDULES** available at first game or before.

**BASIC RULES**

**PLAYERS** Must be registered on a team roster prior to playing.

**GAMES** Two 25-minute running halves, with stop-clock last 5 minutes of the game. 5- minute halftime. Two one-minute timeouts per half.

**SUBSTITUTIONS** May substitute on offense only

**REFEREES** Call own game. Offense or defense may call infractions (unless players are willing to referee each other's games).

**MAIL IN OR BRING COMPLETED FORM AND FEE TO:**

Baker County YMCA  
3715 Pocahontas Road  
Baker City, OR 97814

**Phone**  
(541)523-9622

**FOR OFFICE USE**

Amount Paid \$ \_\_\_\_\_  
Receipt # \_\_\_\_\_ Date \_\_\_\_\_