



RECREATION SERVICES
BASKETBALL – TOWN OF DANVILLE
OFFICIAL TEAM ROSTER AND CONTRACT



For Office Use Only

Resident Non-Resident

Date/Time Received: _____

League Fee: _____

Lottery #: _____

Select the season: Spring Summer Fall Winter

Select your preferred league night: Tuesday “C” League Sunday “D” League

Team Name: _____

MANAGER INFORMATION

Name: _____

Address: _____ City/State/Zip: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Email: _____

Manager’s Agreement: I hereby request placement of the above-named team in the Town of Danville’s Adult Basketball League Program for the selected season and day. I further agree that all participants on this team will follow and obey all items included in the Town of Danville’s Adult Basketball Rules and Regulations Handbook. I understand and accept responsibility for my team’s actions on Town of Danville property, and understand any action taken by the League Coordinator for player’s misconduct. I further understand that any misconduct by any team player(s) could result in dismissal from this Adult Sports League program, and forfeiture of all fees paid. I recognize this is a recreation league and ensure the highest code of sportsmanship is maintained.

I hereby certify that the information provided in this form is correct, and agree to the responsibilities as the Team Manager.

Team Manger’s Signature: _____ Date: _____

Waiver of Liability: I, the undersigned do hereby waive, release, and discharge all claims for damages, death, personal injury, property damage which I may have or which may hereafter accrue to me as a result of participation in said activity. I understand that accidents can occur during the said activity. Knowing the risks

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of the said activity, I hereby agree to assume those risks. This release is intended to discharge and hold harmless the Town of Danville, its officers and employees from liability. This waiver and assumption of risk is to be binding on my heirs and assigns. I further understand that photographs and/or video may be taken of me during the course of the said activity and that these photographs and/or video may be used on the Town of Danville publications. I have read and understand this release.

Team Name: _____

1. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
2. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
3. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
4. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
5. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
6. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
7. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
8. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
9. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
10. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone

Waiver of Liability: I, the undersigned, hereby waive, release, and discharge all claims for damages, death, personal injury, and property damage which I may have or which may hereafter accrue to me as a result of

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participation in said activity. I understand that accidents can occur during the said activity. Knowing the risks of the said activity, I hereby agree to assume those risks. This release is intended to discharge and hold harmless the Town of Danville, its officers and employees from liability. This waiver and assumption of risk is to be binding on my heirs and assigns. I further understand that photographs and/or video may be taken of me during the course of the said activity and that these photographs and/or video may be used on the Town of Danville publications. I have read and understand this release.

***** Please note that the maximum # of players we will accept is 15. *****

Team Name: _____

11. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
12. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
13. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
14. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone
15. Print Name	Signature		Cell Phone
Address	City/Zip	Birth Date	Work Phone