

REGISTRATION DEADLINE: NOVEMBER 5, 2023

SEASON DATES: NOV 14 - JAN 23 MEN'S LEAGUE - MONDAY WOMEN'S LEAGUE - TUESDAY

- Game times: 6:30, 7:30, 8:30, 9:30 *
- League Fee: \$700
- 4-11 teams per league
- Location: San Carlos Youth Center
- Returning teams have priority registration
- 8 games guaranteed

For details & registration, go to: www.quickscores.com/cityofsancarlos Email: Athletics@cityofsancarlos.org





CITY OF SAN CARLOS PARKS & RECREATION DEPARTMENT ADULT BASKETBALL TEAM REGISTRATION FORM

Men's (Monday)		Women's (Tuesday)						
Team Name:								
Manager's Name:								
Address:		City:	Zip:					
Cell Phone:Additional Phone:								
Manager's Email:								
Asst. Mgr./(Other Contact):								
Cell Phone:Additional Phone:								
Asst. Mgr. Email:								
Sponsor (if any):								
Returning Team? New Team?								
Fees: Please submit one check of cash, or Visa/MasterCard	written ou	t to the City of San Carlo	s, exact amount					
\$700								
Amount Paid by: Cash								
VISA/MC #	SA/MC #Exp. Date:							
Payee's Name								
Notes:								

San Carlos Parks & Recreation Adult Basketball

I hereby absolve and hold harmless the City of San Carlos, the San Carlos School District (when District facilities are used or a program is cosponsored), and the Parks and Recreation Foundation of San Carlos, their respective officers, employees, and instructors, from all injuries, (including risk of exposure to COVID-19 or other communicable diseases), claims, or liabilities that may result from my participation in the above activity. If participant is a minor, I give my consent to his/her participation. I am aware the activity may involve risk of injury and assume all risks for injuries received. Participants of virtual recreation classes acknowledge they are responsible for ensuring their environment is safe/free from obstruction and that any use of third-party application (e.g. Zoom, Google Meet, etc.) at their own risk. Photo/Video Release: I agree to the use of my photograph/video for City and/or Parks & Recreation Foundation publicity.

	m Name:						
Ma	nger's Name:						
Lea	gue:						
Year & Season:							
	Name	Email	Phone Number	City of Residence	Signature		
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