



# SPRING 2024 BASKETBALL

New

**MEN'S**

## **MEN'S REC**

- Sunday nights
- Begins March 24
- 4-9 teams

## **COMPETITIVE**

- Monday nights
- Begins March 25
- 4-9 teams

## **WOMEN'S REC**

- Tuesday nights
- Begins March 26
- 4-9 teams

**7-9 GAMES PER SEASON**  
**FIRST COME, FIRST SERVE FOR**  
**PREFERRED DATES. REGISTRATION**  
**DEADLINE: MARCH 10TH.**

\$750 per team

## **LOCATION:**

San Carlos Youth Center

No games on March 31st, May 19th, May 26th, and May 27th\*



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

<input type="checkbox"/> <b>Men's Rec (Sunday)</b> <input type="checkbox"/> <b>Men's Competitive (Monday)</b>	<input type="checkbox"/> <b>Women's (Tuesday)</b>
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**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 written out to the City of San Carlos, exact amount of cash, or Visa/MasterCard

\_\_\_\_\_ **\$750**

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**Amount Paid by:** Cash \_\_\_\_\_ Check # \_\_\_\_\_

**VISA/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 co-sponsored), 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 a 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.

Team Name: \_\_\_\_\_

Manger's Name: \_\_\_\_\_

League: \_\_\_\_\_

Year & Season: \_\_\_\_\_

	Name	Email	Phone Number	City of Residence	Signature
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