

CTPR-40700 Romeo Plank, Clinton Twp, MI 48038
 Phone: 586.286.9336 Fax: 586.723.8282

Clinton Township Adult Basketball

Tuesday

*Roster must be completely filled out and submitted with full payment to reserve a spot in the league

Manager Name:	Contact Phone:	Email:		Team Name:		
Player Name	Address (Street, City, Zip Code)	Day Phone #	1 st Emergency #	2 nd Emergency #	Birthdate	Shirt Size
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

I, as the manager verify that all the above information is correct. I understand that if any player's information has been falsified for any reason, all games in which that player participated will be forfeited. I will read and do accept the responsibilities as manager under the rules, regulations and code of conduct governing the sport. I shall acquaint all members of my team with said rules and regulations and further agree to fully cooperate with the Recreation Department personnel and accept their decisions as final.

Manager Signature _____

Date _____

Credit Card Information

Visa _____ M/C _____ Discover _____ Exp. Date ____/____

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Credit Card Number

Amt Approved _____

Signature _____

*****Minimum 4 players per team*****

CHARTER TOWNSHIP OF CLINTON PARKS AND RECREATION DEPARTMENT

Player Contract

For and in consideration of my participation in the athletic leagues, I for myself, my executors, administrators and assigned, do hereby release and discharge the Charter Township of Clinton and hold and save them harmless from and against any and all actions, claims, demands, liabilities, loss, damage or expense of whatever kind incurred by reason of the participation in or my preparation for the aforesaid league. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate in this activity.

Authorization Form

1. I the undersigned, hereby agree to allow the individual(s) name hereon to participate in the Charter Township of Clinton Parks and Recreation activities.
2. I certify that, to the best of my knowledge, the participant(s) named hereon is/are physically fit and able to engage in recreation activities.
3. In case of emergency, I give my permission for emergency medical treatment.
4. This form shall be considered valid until cancelled or changed in writing by the undersigned parent/guardian/participant.
5. *I hereby authorize the Charter Township of Clinton Parks and Recreation Department to use all photos, both video and audio portion of videotapes on which I or my dependent appear. I understand that portions of these tapes may be used in other programs, training aids, and productions at the discretion of the Charter Township of Clinton.*
6. *Allergies (player name & allergy)* _____
7. *My signature acknowledges that I understand and agree to the above conditions.*
8. *Please indicate any players that may need special accommodations. We will contact these individuals to discuss their needs.*

<i>Print Player Name</i>	<i>Player Signature</i>	<i>Date</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		