



ADULT BASKETBALL LEAGUE REGISTRATION (To be filled out by INDIVIDUAL or TEAM LEADER)

If you are joining a league as a team, please enter the following information as it applies to your **team representative**.

First Name _____ Last Name _____

Date of Birth (mm/dd/yyyy) _____ Male Female Applicant: TEAM INDIVIDUAL (women only)

Session Registering for: Fall Winter Spring Summer Year _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Work/Daytime Phone _____ Mobile _____

Email address _____

Name of Employer _____ Employer Phone _____

Employer Address _____ City _____ State _____ Zip _____

Emergency Contact Name _____ Relation _____

Contact Home Phone _____ Contact Work Phone _____

LEVEL OF PLAY DESIRED

(Check all that apply)

- Men's Recreational
- Women's Recreational
- Men's Intermediate

PLAYER EXPERIENCE

If you are entering a league as an individual, check your highest level of experience. Team captains list the number of team members next to their highest level of experience.

- Played Professionally _____
- Played in College _____
- Played in High School _____
- No organized experience

TEAM APPLICATION (To be filled out by TEAM LEADER ONLY)

Please send this application with a \$400 deposit. **Team deposit is non-refundable and non-transferable.** Balance of payment is due prior to league start date. Please make checks payable to Chelsea Piers, L.P. or fill out credit card information below.

Team Name _____ How many years has your team played together? _____

Last league played in together _____ Year _____

PLEASE HAVE ALL TEAM MEMBERS READ AND COMPLETE THE BACK OF THIS FORM.

INDIVIDUAL APPLICATION

Please send this application with the individual league fee. Please make checks payable to Chelsea Piers, L.P. or fill out credit card information below. **League fee is non-refundable and non-transferable.**

PLEASE READ THE BACK OF THIS FORM AND COMPLETE AND SIGN PLAYER #1.

PAYMENT METHOD

- Amex
- Discover
- Mastercard
- Visa
- Cash
- Check (Payable to Chelsea Piers L.P.)

Credit Card Number

Expiration Date

____/____



I authorize the Field House at Chelsea Piers to bill the card listed above for the amount due.

Name (as it appears on card): Print _____ Signature _____ Date _____

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Fees Paid _____ Date _____ Receipt Number _____ Staff _____

Team Roster

(This form must be read, completed in full and signed by all players. Individuals should fill out line 1.)

Participant Waiver and Release: Each team member and/or participant (hereafter referred to as "Participant") listed on the roster below, or added to the roster at a later date, intending to be legally bound, hereby certifies that he/she is physically fit and in normal health and has not been otherwise informed by a physician that he/she is incapable of participation in any sport leagues/clinics/tournaments at the Field House at Chelsea Piers (hereafter referred to as "Sports", including, but not limited to field hockey, lacrosse, soccer and basketball). Each participant agrees to abide by all Field House rules. Each participant acknowledges that he/she is aware of the risks inherent in participation in sports (both practice and competition); that sports are physical and can require considerable running, starting, stopping and physical exertion, in heat and humidity, and could potentially lead to injuries including, but not limited to, overheating, dehydration, limb injuries and possible permanent disability and death; each participant agrees to assume all those risks and to waive any and all rights to claim for injuries, loss or damages arising out of his/her participation in sports at the Field House at Chelsea Piers. Each participant is responsible for conducting him/herself safely and at a level consistent with his/her skill. Each participant further certifies that he/she maintains adequate health insurance to cover any injuries occurring as a result of participation in sports at the Field House at Chelsea Piers. If, while participating in a sport at the Field House at Chelsea Piers, a participant hurts another person or damages the property of another individual, he/she will pay that person any resulting cost. By signing below, participant acknowledges understanding and reading of this waiver in full.

Player Name (Print)	Player Signature	Email Address	Age	Height	Work Phone	Home Phone
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

FOR OFFICE USE ONLY

A.						
B.						
C.						