

# ***Medford Parks & Recreation***

**2010 Spring**

# **Adult Basketball Registration Guide**



**Register by Friday, March 19th**

**League Director:**

Brandon Meyer

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***Creating Healthy Lives, Happy People and a Strong Community***

## About the Medford Parks & Recreation Adult Basketball League

The adult basketball program is the oldest organized basketball league in Medford, and many of our city-league teams have been together for years. We strive to provide a fun, safe and well-officiated environment.

### Registration

Team cost is \$375 for 8 games. Team registration is conducted on a first-come, first-served basis. Registration ends Fri., March 19 at 5 p.m., or when leagues reach maximum enrollments. If a league fills prior to the deadline, a wait list will be kept as a courtesy in the event of cancellations.

Each team must submit a Signup Form and pay the league fee in full. MPRD accepts cash, checks (a maximum of two per team, please), money order, debit card or Visa/MasterCard.

Register in person at the Parks and Recreation Department located at the Santo Community Center, 701 N. Columbus. Mail registration and payment information to Parks and Recreation, 701 N. Columbus Ave, Medford OR 97501, or fax the Signup Form to 774-2560 and call 774-2400 with Visa/MasterCard information. Or register on-line at [sportsmedford.com](http://sportsmedford.com).

### League Structure

When registering, please specify a league. We make every effort to honor requests, but circumstances may arise that prevent desired placement. Typically Sunday league is recreational and Weekday league is competitive.

<b>League Name</b>	<b>Game Day(s)</b>	<b>Start Time</b>	<b>Maximum Enrollment</b>
Women's	Sundays	4:30 p.m.	4 teams
Weekday Men's	Mondays and Wednesdays	6:00 p.m.	24 teams
Sunday Men's	Sundays	4:30 p.m.	10 teams

### Season Duration and Protocol

Spring Basketball begins March 28 and ends mid-May. Games are played at the Santo Community Center or other sites as needed. (Note - Start times may vary)

Generally, each team plays once per week. All teams qualify for a season-ending single-elimination tournament. Game 8 is a first-round, loser-out tournament game.

Current National Federation of State High School Association basketball rules along with special Medford Parks and Recreation modifications govern play. The minimum age for players is 18. However, two players per team may be a high-school student (if a parent or legal guardian signs the team roster or liability waiver form).

Rules and standings are posted at [sportsmedford.com](http://sportsmedford.com).

### Team Captain Meeting

League rules, procedures and scheduling will be discussed at a mandatory team captain meeting: Wed., March 24, Wild River Pizza - 6 p.m. (30 minutes)

OFFICIAL USE: League Fee \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Total \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

<b>SAMPLE</b>	A.	John Doe Player Name	1234 Medford Drive Residence Address (No P.O. Box)	Medford OR 97501 City, Zip
	b.	Signature	doe@server.net e-mail address	774-2400 774-5555 321-5555 Day phone Home phone Cell phone

Year \_\_\_\_\_ Sport \_\_\_\_\_ League \_\_\_\_\_ Team Name \_\_\_\_\_

Mgr's Name \_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please e-mail all league correspondence to: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home Phone \_\_\_\_\_ Day/Work Phone \_\_\_\_\_ Last Year's Team Name \_\_\_\_\_

**WAIVER OF LIABILITY** (all participants must sign): In consideration of the acceptance of my entry in this activity, I, the undersigned, having fully informed myself of the risks involved, FREELY AND VOLUNTARILY AGREE TO ASSUME ALL RISKS incident to or arising from my participation in this activity. I attest and verify, having full knowledge of my physical condition and limitations that I am physically fit and have sufficiently trained for my participation in this activity. I further WAIVE AND RELEASE for myself, my heirs, assigns, executors and administrators the City of Medford, it's officers and employees, from any and all claims for damages or injury, known or unknown, that I may have against them incident to or arising from my participation in this activity. I will also assume and pay my own medical and emergency expenses in the event of accident, illness, or other incapacity incident to or arising from my participation in this activity and consent to emergency medical care provided by ambulance or hospital personnel. **JUVENILES:** Parents signature must accompany yours.

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