

## PARD Adult Basketball 2016-2017

### 8 GAME GUARANTEE

### REGISTRATION FEES

Fee: \$350  
Deadline Oct. 21

Late Fee: \$375  
Deadline Nov. 11

### Leagues Offered:

Men's, Women's, Men's Industrial, Men's Church

### Games:

Play Begins Monday, Nov. 28, 2016  
2 Week Break Dec. 26, 2016—Jan 8, 2017

### Practice Gyms:

Rental is \$30/hour for full court

City of Longview Parks & Recreation  
Location: 130 E. Timpson St.  
Mailing Address: PO Box 1952, Longview, TX 75606  
Athletic Office 903-237-1270 Fax Number 903-237-1389  
[www.longviewtexas.gov/parks](http://www.longviewtexas.gov/parks)



# CITY OF LONGVIEW PARKS AND RECREATION ADULT BASKETBALL REGISTRATION FORM

\*NOTE: ALL team names must be approved by PARD. NO questionable or suggestive names will be allowed.

TEAM NAME: \_\_\_\_\_

FORMER TEAM NAME (if applicable): \_\_\_\_\_

PRIMARY COACH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

DAYTIME PHONE NUMBERS ----- CELL: \_\_\_\_\_

WORK: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

E-MAIL (REQUIRED): \_\_\_\_\_

\*NOTE: Make-up/rainout schedules will no longer be mailed to coaches, **they will be EMAILED ONLY!!**

<b>SPORT:</b>	<b>LEAGUE:</b>	<b>LAST DIVISION:</b>	<b>REQUESTED DIVISION:</b>
<input type="checkbox"/> SOFTBALL (SB)	<input type="checkbox"/> MEN'S OPEN (SB, BB, FFB)	check the division	check the division
<input checked="" type="checkbox"/> BASKETBALL (BB)	<input type="checkbox"/> MEN'S IND. (SB, BB)	the team last played in.	the team is requesting.
<input type="checkbox"/> FLAG FOOTBALL (FFB)	<input type="checkbox"/> MEN'S CHURCH (SB, BB)	<input type="checkbox"/> DIV 1	<input type="checkbox"/> DIV 1
<input type="checkbox"/> KICKBALL (KB)	<input type="checkbox"/> MEN'S 35 & OVER (SB ONLY)	<input type="checkbox"/> DIV 2	<input type="checkbox"/> DIV 2
	<input type="checkbox"/> YTH CHURCH COED (SB, KB)	<input type="checkbox"/> DIV 3	<input type="checkbox"/> DIV 3
	<input type="checkbox"/> CHURCH COED (SB ONLY)	<input type="checkbox"/> DIV 4	<input type="checkbox"/> DIV 4
	<input type="checkbox"/> COED (SB, KB)	<input type="checkbox"/> DIV 5	<input type="checkbox"/> DIV 5
	<input type="checkbox"/> WOMEN'S OPEN (SB ONLY)	<input type="checkbox"/> DIV 6	<input type="checkbox"/> DIV 6
		<input type="checkbox"/> NEW TEAM	<input type="checkbox"/> NEW TEAM

SEASON:       SPRING                       SUMMER                       FALL                       WINTER

SPECIAL REQUESTS - NO GUARANTEES!  
\_\_\_\_\_  
\_\_\_\_\_

I, AS COACH OF THE ABOVE NAMED TEAM, AND THE PLAYERS OF THIS TEAM AGREE TO ABIDE BY AND ADHERE TO THE RULES SET FORTH BY THE CITY OF LONGVIEW PARKS & RECREATION DEPARTMENT.

COACH / CHURCH PASTOR / PERSONNEL MANAGER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

FORM OF PAYMENT:     CHECK # \_\_\_\_\_     MO \_\_\_\_\_     CASH     Visa / MC / Discover

**ALL PERSONAL CHECKS REQUIRE DATE OF BIRTH AND DRIVER'S LICENSE NUMBER**

OFFICE USE ONLY

TOTAL FEE: \_\_\_\_\_

DATE: \_\_\_\_\_

ALL REGISTRATION PACKETS (INCLUDING TEAM REGISTRATION FORM, COACHES AGREEMENT, AND COMPLETED ROSTER/WAVIER) MUST BE SUBMITTED WITH FULL PAYMENT AT THE PARD OFFICE (130 E. Timpson St.) AT THE TIME OF REGISTRATION. FORMS WILL NOT BE ACCEPTED IF THEY ARE SUBMITTED TO ANOTHER CITY OFFICE. ALL REGISTRATION PACKETS, INCLUDING ANY FORMS THAT ARE MAILED OR FAXED, MUST BE RECEIVED BY PARD BY 5:00 ON FRIDAY, NOVEMBER 11, 2016.



## PARKS AND RECREATION --- 2016 - 2017 ADULT BASKETBALL ROSTER

	Team Name	League	Requested Division	Primary Coach	Phone	Date of Birth
	<b>Print Player's Name</b>	<b>Player's Signature (Parent's if under 18)</b>	<b>Street Address</b>	<b>Zip</b>	<b>Phone(s)</b>	<b>T-Shirt Size</b>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

**MY SIGNATURE INDICATES THAT I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED BELOW.**

I am a member of the above named team and, as a participant, will abide by all the rules, regulations and policies set forth by the City of Longview Parks and Recreation Department. I understand participation in athletic activities may have an element of hazard or inherent danger, and I take full responsibility for my actions and physical condition. I hereby for myself, my heirs, executors and administrators agree to indemnify and hold the City of Longview Parks and Recreation Department and its employees, representatives, successors and assigns harmless from any liability, loss, cost or expense (including attorney's fees, medical and ambulance costs) that may occur while participating. In case of emergency, I give my permission for emergency medical treatment. This form shall be considered valid until canceled or changed in writing by the undersigned participant/parent/guardian. **THIS WAIVER MUST BE SIGNED BY EVERY PLAYER ON THE TEAM (OR THEIR PARENT/GUARDIAN). COMPLETE FORM WITH ALL SIGNATURES AND INFO MUST BE SUBMITTED AT THE TIME OF REGISTRATION. ALL REGISTRATION PACKETS, INCLUDING ANY MAILED OR FAXED FORMS, MUST BE RECEIVED BY FRIDAY, NOVEMBER 11, 2016.**

**Coach's Signature Verifying AUTHENTICITY of Signatures:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Coaches' Agreement

As coach of my athletic team, I hereby assume responsibility for the actions of the players on my team. I understand that the City of Longview PARD has adopted a **ZERO TOLERANCE** policy regarding unsportsmanlike behavior conducted before, during, or after games. I acknowledge that it is my responsibility to relate to all team members that the City of Longview PARD will not tolerate actions such as fighting, profanity, trash-talking, verbal abuse, or any other behavior detrimental to the sport. These rules also apply to parents and other spectators of all PARD sports.

**I UNDERSTAND THAT NO ALCOHOLIC BEVERAGES ARE ALLOWED IN LONGVIEW PARKS OR PARD SPONSORED EVENTS AT ANY TIME.**

My signature indicates that I have read and understand these policies.

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Signature

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Printed Name

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Team

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League



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Date