

LONGVIEW PARKS & RECREATION



ADULT *basketball* 2021



LEAGUES:

MENS, WOMENS & CHURCH

REGISTRATION:

OCTOBER 18 - NOVEMBER 12

\$375 PER TEAM

.....
SEASON STARTS:

DECEMBER 6TH

8 GAMES PER TEAM

PLAYED ON MON & WEDS.
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130 E. TIMPSON ST. - 903.237.1270. - 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!!**

LEAGUE:

- MEN'S OPEN
- MEN'S CHURCH
- WOMEN'S OPEN

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 12, 2021.



PARKS AND RECREATION ---- 2021 ADULT BASKETBALL ROSTER

Team Name	League	Requested Division	Primary Coach	Phone	Date of Birth	
	Print Player's Name	Player's Signature (Parent's if under 18)	Street Address	Zip	Phone(s)	T-Shirt Size
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 12, 2021.**

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.

I UNDERSTAND THAT NO ALCOHOLIC BEVERAGES ARE ALLOWED IN LONGVIEW PARKS OR THE PARKING LOT AREA AT ANY TIME.

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

Signature

Printed Name

Team

League



Date