

Adult Basketball League 2009 Application

Run by Viking Sports and sponsored by the Brookline Recreation Department.

Viking Sports offers an Adult Basketball League at the Main Gym Facility located at 66 Tappan Street, Brookline. There are two leagues: Advanced (men's) and Intermediate (co-ed).

HOW TO REGISTER

Individuals: fill out the application below. Mail completed form with full payment (checks payable to Viking Sports Camps) to: Viking Sports, 258 Harvard Street #365, Brookline, MA 02446. You will appropriately be with on a team.

Teams: fill out the application below and give it to the player/manager who is organizing your group. He /She will be responsible for sending in all the applications together, along with one check and a completed group manager agreement. Before sending in any paperwork, group managers **MUST** contact us to check availability and to obtain the group manager agreement and rules package.

THE LEAGUES

Men's Advanced Basketball League

7 games plus playoffs: October 6, 2009 – December 17, 2009. Tuesday evenings. Games include TWO 20 minute running time halves between 7:00pm-11:00pm. Also included: officials, stat keeper, scorekeeper, awards, and prizes for the winners.

Team: \$600 (\$150 deposit to reserve a team spot)

Individual: \$90

Reversible Jersey: \$10/person

Referee Fee: \$45 cash per game per team

Co-ed Intermediate Basketball League

7 games plus playoffs: October 5, 2009 – December 16, 2009 (no game 10/9). Games include TWO 20 minute running time halves between 7:00pm-11:00pm. Also included: officials, stat keeper, scorekeeper, awards, and prizes for the winners.

Team: \$600 (\$150 deposit to reserve a team spot)

Individual: \$90

Referee Fee: \$45 cash per game per team

Contact Information:

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Tel # Home _____ Work _____

Cell/other _____ E-mail: _____

Emergency Information:

Person to notify in an emergency _____ Tel # _____

Player's health insurance policy # _____ Doctor's Name & Tel # _____

Medical concerns/ allergies (if none, write "none") _____

League Information:

Select One: Advanced League, Men's, Tuesday 7:00pm-11:00pm | \$90/individual

Intermediate League, Co-ed, Monday 7:00pm-11:00pm | \$90/individual

Waiver:

Each player must sign the waiver/indemnification below before being accepted to participate in the Viking Sports Camps:

I hereby represent that I have been examined by a doctor and that I am physically fit to participate in the Viking Sports Camps. I understand there are inherent risks in participating in this athletic program. I hereby accept responsibility for and agree to pay any and all costs of medical treatment resulting from any injury suffered to me in my participation at the Viking Sports Camps. I further agree to indemnify and hold harmless Viking Soccer Camp, Inc., its agents, servants, employees and/or representatives from any and all liability, damage, cost or expense arising out of my participation, of every kind and nature, at Viking Sports Camps.

In the event that my emergency contact person cannot be reached in an emergency, I hereby give permission for care to be administered by a qualified Viking Soccer Camp, Inc. staff member, emergency medical technician, physician/staff of a hospital, or any other qualified individual to provide any medical treatment deemed necessary for me.

Signature of player: _____ Date: _____

League applied for (day) _____ Total enclosed: _____

E-mail info@vikingcamps.net with any questions