

CITY OF EL MONTE COMMUNITY SERVICES DEPARTMENT

11001 Mildred Street, El Monte, California 91731

Phone: (626) 580-2216

**ADULT TEAM APPLICATION
BASKETBALL**

- Resident Team
- Sponsor Team
- Returning Team
- New Team

1. Team Name (Print): _____ (Alternate Choice): _____
2. Team Manager: _____ Email: _____
 Bus. Ph. () _____ Cell Ph.: () _____ Home Ph.: () _____
3. Address: _____ City: _____ Zip Code: _____
4. Assistant Manager: _____ Email: _____
 Bus. Ph. () _____ Cell Ph.: () _____ Home Ph.: () _____
5. Address: _____ City: _____ Zip Code: _____

TEAM INFORMATION:

6. Played in last league at: City _____ Year: _____ Season: _____
 Division: _____ Place in League: _____ Number of teams: _____ Wins: _____ Losses: _____
7. Other team names played under: _____ Uniform Color: _____
8. Sponsor: _____ Address: _____ City: _____ Zip: _____
 Contact person: _____ Title: _____ Phone: () _____

PLAYING EXPERIENCE:

- Beginner : Intermediate: Advanced:

PLAYING AVAILABILITY:

- Tuesday 40+ : Thursday Open: Friday 6' & Under: Sunday 6'2" & Under:

"In consideration of the acceptance of my application for entry in the basketball program and as the manager of the team herein below, I hereby agree to the following conditions: 1. Should my team drop after the Manager's Meeting, that my deposit will not be refunded. 2. Should my team drop within 48 hours of the start of league play that my team will incur charges necessary for re-scheduling of the league and any remaining monies will be refunded to the team. 3. Should my team drop after the start of league play, that there will be no refund of league fees. 4. I also realize my responsibility to inform all players on my team of the lack of medical coverage should the team elect not to pick up the optional P.M.B.F. coverage, as it is not included in league fees. Furthermore, I realize my responsibility to inform all my players of all league rules, the Players' Code of Conduct and to have all players on my team read and sign the waiver on the Team Roster or Add/Drop sheet." "By affirming my signature below, I verify that I have read and understand the aforementioned statement and will comply with its agreement. I also accept my responsibility, on behalf of my team, to pay all league fees and expenses accrued by my team including any charges or expenses incurred by the "City" in the collection of same."

Manager's Signature: _____ Date: _____

Home Phone: () _____ Cell Ph.: () _____ Bus. Ph.: () _____

FOR OFFICE USE ONLY

DEPOSIT	DATE: _____	#: _____	\$: _____
ENTRY FEES	DATE: _____	#: _____	\$: _____
MEDICAL COVERAGE	DATE: _____	#: _____	\$: _____
ROSTER SUBMITTED	DATE: _____		TOTAL \$ _____