

GREAT FALLS PARK AND RECREATION DEPARTMENT
2024 CITY LEAGUE ADULT BASKETBALL



Team Name _____ League _____

Manager _____ Day Phone _____

Address _____ Night Phone _____

Email address _____

Asst. Manager _____ Day Phone _____

Address _____ Night Phone _____

Email address _____

We, the undersigned, hereby agree to abide by all rules and regulations set up by the Park and Recreation Department and Great Falls Public School District. We further agree to accept complete responsibility in matters of any physical injury or loss that might result from participation in games, practices, or travel to or from such activity. We further agree that in the event of such injury or loss, there will be no liability on the part of the Great Falls Park and Recreation Department, GFPS, or any of the sponsoring bodies or of any group or agency associated in the sponsorship of this activity.

To participate in the 2024 City League Basketball, the following must be signed and returned to the Park and Recreation Department.

PLAYER NAME (print or type)	PLAYERS SIGNATURE (signed)	PLAYERS ADDRESS	PHONE NUMBER

- **MAXIMUM OF 12 PLAYERS/TEAM**

2024 ADULT BASKETBALL
REGISTRATION FORM



Please take a moment to fill out this form completely. This information is important if you want to be kept informed of any last minute game changes and or additional information that you need to pass on to your team. Please list an assistant manager so that if we can not reach you we have some way of getting information to your teammates.

Team Name/Sponsor _____

Manager/Coach _____ Day Phone _____

Address _____ Night Phone _____

Email address _____

Asst. Manager _____ Day Phone _____

Address _____ Night Phone _____

Email address _____

The following information is necessary for us to be able to place your team in an appropriate league. If the league your team played in last year was too competitive or not competitive enough, we need to know. So please take a moment and be complete with these questions.

Did you participate in Adult Basketball last year? _____

If yes, what league? _____

Was the team name/sponsor the same? _____

If no, what name was the team registered under? _____

Approximate average age of team _____

Does anyone on your roster have college experience? _____

What league would you prefer to be placed in upper, lower, or don't care? _____

Games will be played mainly on Wednesday nights due to the GFPS school activities on other nights.

FOR OFFICE USE

PAID DATE _____

_____ CASH _____ CHECK # AND ACCOUNT NAME _____