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| Description: Macintosh HD:Users:devolver:Google Drive:Viking Documents:Viking-Logotype.gif |
| 143 Cypress St. • Brookline, MA 02445 • Tel: (508) 358-5066 • E-mail: basketball@vikingcamps.com |

**Adult Basketball League 2020 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 a Monday Night league and a Wednesday Night league.

**HOW TO REGISTER**

Individuals: fill out the application below. Mail completed form with full payment (checks payable to Viking Sports Camps) to: Viking Sports, 143 Cypress St., Brookline, MA 02445. You will be assigned to a team once payment is received.

Teams: fill out the application below and give it to the player/manager who is organizing your group. He 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 LEAGUE**

Monday Division Begins 3/16/20

Games are played at: 7:00pm, 7:55pm, 8:50pm, 9:45pm

Two Referees and One Scorekeeper

**FEES**

MONDAY
Team: $500 ($100 non-refundable deposit to reserve a team spot)

Individual: $95

**Reversible Jersey: $20/person** (one-time fee, same jersey can be used for subsequent seasons) ($25 for XXL & XXXL)

**Referee Fee: $45 cash per game per team**

**Viking Adult Basketball League 2020***Run by Viking Sports and sponsored by the Brookline Recreation Department.*

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## Contact Information:

## Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Information:**

Person to notify in an emergency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**League Information:**

Select One: \_\_\_\_ MONDAY NIGHTS, $95/individual | $500 Team (does not include ref fees)

 \_\_\_\_ Position(s) \_\_\_\_\_\_\_ Height \_\_\_\_\_\_\_ Weight

 **\_\_\_\_ Jersey Size** (if you already own a Viking reversible jersey, please write N/A)

 What is your level of experience?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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. I give consent for the use of photos/audio/video of myself by The Viking Soccer Camp, Inc. for promotional purposes, including use by professional sporting associations

Signature of player: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_