



# ADULT 3-ON-3 BASKETBALL LEAGUE —2020

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## **TEAM REGISTRATION:**

Submit team roster and payment:

Mail/drop off: Adult 3-ON-3 Basketball League Registration  
Pleasant Hill Recreation & Park District  
147 Gregory Lane, Pleasant Hill, CA 94523

Or, email Sheila: [sgeorge@pleasanthillrec.com](mailto:sgeorge@pleasanthillrec.com)

Or, Fax: (925) 682-1633

- If paying team fees by bank card, contact Sheila with card information.
- No refunds once a team is placed in a league. If league(s) are cancelled money will be refunded.
- Team Representatives are responsible for full team fees.

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<b>2020 Seasons</b>	<b>TEAM FEES</b>
Winter (Jan-Mar) 10 weeks	\$385
Spring (April-June) 8 weeks	\$315
Summer (July-Sept) 8 weeks	\$315
Fall (Oct-Dec) 8 weeks	\$315

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## **LEAGUE DETAILS:**

Gym Location: All games are played at Pleasant Hill Middle School Gym, One Santa Barbara Road, PH.

3v3 Weekly scheduled game days/times: Wednesday nights 6:30-9:00 pm

Teams may play on other nights not designated as above due to gym availability, play-offs, make up games, and/or size of a particular league. Remember, Pleasant Hill Recreation & Park District reserves the right to make FINAL JUDGMENT ON TEAM PLACEMENT and does not guarantee placement of any team.

League fees cover: The specified number of games, officials (2), staff/scorekeeper, equipment, championship t-shirts, gym maintenance and lighting. A percentage of league fees are designated for improvements to comply with the American Disability Act.

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## **ROSTERS / ROSTER CHANGES:**

All teams must complete a 2020 team roster to play for the calendar year. Rosters cannot be carried over from year to year. Only players on the roster may participate.

Roster changes must be made by 5:00 pm, Monday - Friday prior to your game at the District's Administrative Office using the League's "Add/Drop Form" (gym staff do not handle roster changes). Roster additions must be made two weeks prior end of season. Teams may carry a maximum of fourteen (10) players on their roster.

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**PLEASANT HILL RECREATION & PARK DISTRICT**  
**2020 3-ON-3 ADULT BASKETBALL**  
**ROSTER, AGREEMENT, WAIVER & RELEASE FORM**

Winter\_\_\_\_, Spring\_\_\_\_

MEN'S: A (upper) \_\_\_\_\_, B (middle) \_\_\_\_\_, C (Lower) \_\_\_\_\_,

Summer\_\_\_\_, Fall\_\_\_\_

Team Name: \_\_\_\_\_ Team Rep: \_\_\_\_\_

Primary Ph: \_\_\_\_\_ email: \_\_\_\_\_

Asst. Team Rep: \_\_\_\_\_

Primary Ph: \_\_\_\_\_ email: \_\_\_\_\_

Returning Teams—Previous Team Name & Season: \_\_\_\_\_

**NOTE: Team Representatives are responsible for team fees.** Please be sure an assistant representative has been specified, including their home and work phone number.

In consideration for being permitted by the above district to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above district (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity. I understand that no medical insurance is provided. I am eighteen years of age or older.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL. I FURTHER UNDERSTAND THAT PHOTOGRAPHS AND VIDEO MAY BE TAKEN OF ME DURING THE COURSE OF THE SAID ACTIVITY AND THAT THESE PHOTOGRAPHS AND VIDEO MAY BE USED FOR PLEASANT HILL RECREATION & PARK DISTRICT PUBLICITY PURPOSES. I HAVE READ AND UNDERSTAND THIS RELEASE.**

Last Name, First (Print):		Signature:	
Street:	City:	Zip:	
Phone:	Birth Date:    /    /		

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# STAFF COMMUNICATION RECORD

Team Fees (10 wks):	\$	385.00
Team Fees (8 wks):	\$	315.00

Date			Notes

**PLEASANT HILL RECREATION & PARK DISTRICT**  
**2020 3-ON-3 BASKETBALL**  
 ROSTER, AGREEMENT, WAIVER & RELEASE FORM

Team Name: \_\_\_\_\_

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