



**SANTA MONICA ADULT BASKETBALL LEAGUE  
TEAM REGISTRATION FORM**



New online registration: [www.SantaMonicaAdultSports.com](http://www.SantaMonicaAdultSports.com)

Team Name: \_\_\_\_\_  
*(Team name should not be offensive)*

Team Manager Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact #: \_\_\_\_\_ Email Address: \_\_\_\_\_

***\*All teams/players must have reversible jerseys with number on front and back***

***\*Teams without proper jersey uniforms will result in a technical foul per player***

**League Prices:**

- \$357 At least 60% players must be residents to be considered a priority one team.
- \$401 At least 60% players must be residents and/or people who work in Santa Monica to be considered a priority two team.
- \$441 All other teams are considered priority three teams.
- \$40 Referee fees per team are due beginning of every game
- A Forfeit bond of \$80 is due beginning of the season in money order form

**League location and time**

Memorial Park 1401 Olympic Blvd, Santa Monica 90404	7PM-10PM:	Monday Division	B	<input type="checkbox"/>	B-	<input type="checkbox"/>
		Tuesday Division	C	<input type="checkbox"/>	C-	<input type="checkbox"/>
		Thursday Division	C	<input type="checkbox"/>	C-	<input type="checkbox"/>
		Sunday	C	<input type="checkbox"/>		
		Sunday (Women)		C	<input type="checkbox"/>	
Windward School 11350 Palms Blvd, Los Angeles 90066	7PM-10PM:	Monday Division	D	<input type="checkbox"/>		
		Tuesday Division	B	<input type="checkbox"/>		
		Wednesday Division	A	<input type="checkbox"/>		
		Thursday Division	C	<input type="checkbox"/>		

**Fee Amount Enclosed**      \$ \_\_\_\_\_

<p><b>Payment Method:</b>    Check – Make check payable to <i>City of Santa Monica</i>  <b>NEW - Credit Card payments will have a 2.95% convenience fee added.</b>          Credit Card    MasterCard    Visa    Discover    American Express</p> <p>Name on Card: _____          Card Number: _____ / _____ / _____    CVV: _____          Expiration Date: _____</p>
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Cardholder Signature: \_\_\_\_\_  
 Team Name: \_\_\_\_\_

For more information, please call Memorial Park Sports Office at (310) 458-8237

**Waiver and Roster**

WAIVER, RELEASE AND ASSUMPTION OF RISK. In consideration of my participation in the Santa Monica Adult Basketball Leagues, I hereby waive, release and discharge all claims for damages for death, personal injury, or property damage which may occur as a result of my participation in the basketball league or any activity incident thereto. This release discharges in advance the City of Santa Monica, its officers, agents, and employees, game officials and referees (hereinafter referred to collectively as "CITY") from liability even though that liability may arise out of the CITY'S active or passive negligence or carelessness. I acknowledge that some recreational activities, including basketball, involve an element of risk or danger of accidents, injury and even death, and knowing those risks, I freely and voluntarily assume the risk of injury and/or death and I promise not to sue or exercise any legal right to seek damages from the CITY. By this Agreement, I also intend to waive, release and discharge all claims for personal injury, death or property damage caused by the condition of the basketball court or any equipment thereon including hoops, backboards, nets, balls. I understand that this WAIVER, RELEASE and ASSUMPTION OF RISK form will remain on file with the CITY and that it will apply to the current season as well as my participation in future seasons in the Adult basketball leagues. I certify that I have no medical condition that would cause participation in the basketball leagues to increase the risk of hazard to my health. In addition, I authorize the CITY to provide or cause to be provided such medical treatment that may be necessary or appropriate if I am injured while participating in the basketball league.

**Team \_\_\_\_\_ Roster [ Please bring an ID to every game ]**

<b>Print Full Name</b>	<b>SM - Santa Monica Resident W -Work in SM NR-non SM resident</b>	<b>Waiver Signature</b>
1.		
2.		
3.		
4.		
5.		
6.		
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10.		
11.		
12.		
<b>City Use Only</b>	<b>Date Received</b>	<b>Staff Initials</b>