COMMUNITY EDUCATION AND RECREATION
2011-2012 ADULT BASKETBALL PLAYER'S CONTRACT

For this contract to be valid and accepted by the Rec & Ed office, it must be filled out completely and signed by the player and accompanied by the appropriate fee. For league play, you may participate on only one team in each program.

Player contracts, rosters and player fees are **due Thursday, December 1, 2011**. Any player contract submitted **after December 1, 2011** will be assessed a **late fee of $2.00** per contract. Late fees are due at time of submittal.

PLAYER FEES: Resident: $79.00 (defined as one who lives within the boundaries of the Ann Arbor Public Schools)
Non-Resident: $89.00

- **Deadline for Adding Players:** the last date to add a player is Friday, January 20, 2012.
- **Deadline for Dropping / Transferring Players** The last date to drop/transfer a player is Friday, January 13, 2012.

PLEASE PRINT:

1. NAME: _____ _____
(Last) (First) (Middle) (T-shirt Size)

2. ADDRESS: (HOME) _____
(Number and Street) (City) (Zip)

3. HOME PHONE: _____ 4. EMPLOYER'S PHONE: _____

5. BIRTH DATE: _____ 6. AGE: _____

7. TEAM: _____ 8. LEAGUE: _____

9. EMAIL: _____

I hereby agree to be a member of the above team for the current 2011-2012 BASKETBALL season. I understand that I am a member of this team until a release is obtained or by transferring under the rules of the Community Education & Recreation. ACKNOWLEDGEMENT OF WARNING AND ASSUMPTION OF PERSONAL RESPONSIBILITY FOR INJURY BY PARTICIPANT: I hereby acknowledge that I have been properly advised, cautioned and warned by the Community Education & Recreation that by participating in the sport of Adult BASKETBALL, I am exposing myself to the risk of injury, including but not limited to, the risk of sprains, fractures, ligament(s) or cartilage damage which could result in temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis or even death. Having been so cautioned and warned, it is still my desire to participate in the above sport, and should I choose to participate in the above sport, I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the above sport. Furthermore, I realize that there is no Benefit Fund and I will assume personal responsibility in case of injury resulting from participation in this activity. Moreover, I realize that the Community Education & Recreation does not necessarily guarantee the presence of trained medical personnel on site at every activity.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

COACH'S SIGNATURE: _____ DATE: _____

COACH'S DAY PHONE: _____ EVENING: _____

ACKNOWLEDGEMENT OF WARNING AND ASSUMPTION OF PERSONAL RESPONSIBILITY FOR INJURY BY PARENT OR GUARDIAN, (to be completed by parent or guardian when the aforementioned participation is under eighteen (18) years of age): I hereby acknowledge that I have been properly advised, cautioned and warned by the Community Education & Recreation that by participating in the sport of BASKETBALL, my child, named above, may be exposed to the risk of injury, including but not limited to, the risk of sprains, fractures, ligament(s) or cartilage damage which could result in temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis or even death. Notwithstanding such warnings and with full knowledge and understanding of the risk of serious injury to my child named above which may result, I give my consent to my child, named elsewhere on this form, to participate in the Community Education & Recreation program. I realize that there is no Benefit Fund, and I will assume personal responsibility in case of injury resulting from participation in this activity. Moreover, I realize that the Community Education & Recreation does not necessarily guarantee the presence of trained medical personnel on site at every activity.

PARENT'S/GUARDIAN'S SIGNATURE: _____ DATE: _____

**********_For Office Use Only_**********

DATE: _____ AMOUNT: _____ INITIAL: _____

PERSONAL CHECKS WILL ONLY BE ACCEPTED FROM A TEAM MANAGER. ALL INDIVIDUAL PLAYERS MUST PAY BY CASH/MONEY ORDER ONLY. PLEASE MAKE CHECK PAYABLE TO ANN ARBOR PUBLIC SCHOOL'S