



**2010 Winter Basketball League Registration Form**

**Early Bird Registration Deadline:** Jan. 15<sup>th</sup> **Final Deadline:** Jan. 24<sup>th</sup>

**\*\*\*League Play begins February 9<sup>th</sup>\*\*\***

**Captain's Full Name:** \_\_\_\_\_

**Local Address:** \_\_\_\_\_

**City, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Team Name (or write "individual"):** \_\_\_\_\_

**Preferred Team Color (VAIL provides 10 jerseys; please list top two color choices):** \_\_\_\_\_

**\*if you prefer to use your own jerseys, please write "own jerseys" above**

**Division (circle one):** Men's                      CoEd

**Level (circle one):**            (A) Competitive            (B) Recreational

**Preferred "Home" Gym Location (circle two):**

Northside            "The Fan"            Southside            West End

**If you were referred by another team/captain in the VAIL Basketball League, please provide their:**

**Captain's Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_



## Time Conflict Sheet

Below is a chart of the possible game times during your season. We allow you to cross out **UP TO 50%** of the times that may represent a conflict for your team. If you cross out all times on two nights, then you must leave open all remaining times on the chart. We will do our best to accommodate your request.

Time Conflicts			
Monday	Tuesday	Wednesday	Thursday
6:30 PM	6:30 PM	6:30 PM	6:30 PM
7:20 PM	7:20 PM	7:20 PM	7:20 PM
8:10 PM	8:10 PM	8:10 PM	8:10 PM
9:00 PM	9:00 PM	9:00 PM	9:00 PM

**To avoid time conflicts, please list team members participating in another VAIL Basketball Division (Men's or CoEd):**

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

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

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

**Assumption of Risk** (please ✓ after reading each statement):

\_\_\_ I agree to indemnify, defend and hold harmless, Virginia Adult Intramural League and their officers, agents, and employees from any claims, damages, and actions of any kind or nature, whether at law or in equity, arising from my participation in this Basketball League, provided that such liability is not attributable to the sole negligence of VAIL.

\_\_\_ I realize that my participation in this activity involves risks of injury, including but not limited to tendonitis, strains, sprains, bruises, fractures, delayed muscle soreness, contusions, abrasions, serious eye damage and even the possibility of death. Also, I recognize that there are many other risks of injury including serious and disabling injuries which may arise due to my participation in this activity and that it is not possible to specifically list each and every individual injury risk. By agreeing to this statement I desire, consent, and voluntarily choose to take part in all such activities. Knowing the material risks and appreciating, knowing, and reasonably anticipating that other injuries and death is a possibility, I assume all the risks normally incident to the nature of the activities and agree that the VAIL or any of its officers, agents, and employees conducting such activities will not be responsible for any damages or injuries resulting to me.

\_\_\_ Furthermore, I also confirm that I have appropriate health care insurance for this activity or if not, that I will not rely upon the VAIL for medical expenses. Also, I understand that any injury incurred and the resulting medical expense from that injury will be my responsibility and VAIL will not be responsible for any related expenses.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*Please complete, scan & email to [vailsports@gmail.com](mailto:vailsports@gmail.com) by January 24<sup>th</sup>.**