

Adult Basketball Team Roster

All information must be neatly printed or types. Please read roster carefully. Your signature is acknowledgement and agreement of the waiver below.



Team: _____ Manager: _____

Cell Phone: _____ Email: _____

Mailing Address: _____ City: _____ Zip: _____

League Classification
(circle one)

C D D-2

Notes:

- A minimum of (5) residents or (5) business sponsor employees **must** be on registration form and roster at time of registration to qualify for priority registration.
- All residents **must** be listed on the registration form and **must** have their Beverly Hills address filled in on the roster below at the time of registration to receive resident rate.
- Resident players on resident teams must completely fill out their address below. Residents or non-residents on non-resident teams are responsible for filling out their city/zip code

	Player's Name	Address: If you are a BH resident (City/Zip): For non-residents	Cell Phone	Res/Bus (x)	Signature
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2					
3					
4					
5					
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25					

I acknowledge use of this sport facility requires courtesy towards its residential neighbors and I will refrain from littering and excessive noise and abide by street parking restrictions. As participants in the Beverly Hills Adult Sports Leagues, we hereby acknowledge that our signature releases and discharges the City of Beverly Hills and all of its officers, agents, and employees from any and all liability for claims, injuries, or damage to person or property. As a team representative, I hereby certify that all of the above information is correct and in no way falsified. I understand that Refunds will not be granted after the first scheduled game of the season. No exceptions. I understand that as the manager of this team I am responsible for any and all actions of my teammates.

Signature of Manager: _____ Date: _____

Beverly Hills Community Services Department