



ADULT BASKETBALL

Leagues—Fall 2020 & Winter 2021

ADULT 5v5 BASKETBALL LEAGUES

Eight regular-season games plus play-offs with game times from 6:15-9:15pm. All players must be 18+. Leagues will be officiated by registered high school or college officials. Register at www.applevalleymn.gov/basketball Registration deadlines: Fall 9/29—Winter 12/29

Season	Days	Dates	Matches	Fee
Fall '20	Wednesdays	10/21—mid January	8+playoffs	\$575/team
Winter '21	Wednesdays	1/20—mid March	8+playoffs	\$575/team

Location: Apple Valley Community Center

ARE YOU LOOKING FOR A TEAM? A TEAM MAY BE LOOKING FOR YOU! BECOME A FREE AGENT.

Are you new to the area, haven't played adult sports lately, or can't find a team? We might be able to help! Apple Valley Parks and Recreation is compiling a list of "free agents" who are looking to sub or possibly become full-time players on a team. The list is passed along to registered teams who are looking for additional players. Registering as a free agent is a free service provided to players and teams. Complete a free agent form available online.

www.applevalleymn.gov/freeagent



OTHER ADULT ATHLETICS

Apple Valley Parks and Recreation is proud to offer a wide variety of adult athletic leagues including softball, indoor volleyball, sand volleyball, kickball, basketball, ultimate frisbee, soccer, and bean bags.

www.applevalleymn.gov/adultathletics

How to Register

- **TWO WAYS TO REGISTER:**
 - Online: www.applevalleymn.gov/basketball
 - Scan & email registration form: AVathletics@applevalleymn.gov
- **PAYMENT:** After submitting registration, call in payment with a credit card to 952-953-2300

Additional Information:

952-953-2316

AVathletics@applevalleymn.gov

www.applevalleymn.gov



Adult Basketball Registration Form 2020-2021

Team Name _____
(as you want it to appear on the schedule—limited to 20 characters)

Manager's Name _____

Email _____

Phone _____

Address _____ **City** _____ **Zip** _____

Assistant Manager _____ **Email** _____ **Ph** _____

Team Status: New Returning

Previous team name:

Year: 2019 2020 2021

Season(s): Winter Spring Summer Fall

Division(s): Competitive Recreational

Phone Number Shared: Manager phone numbers are usually shared with the other managers in a league for the purpose of communicating forfeits, if needed. Do you consent to your phone number being shared with the opposing managers? Yes No

Please read this document carefully before signing.

- I wish to participate in Adult Athletic Leagues ("Activity") sponsored by the City of Apple Valley, Minnesota ("City") during the season listed on this form.
- I understand that by signing this Waiver and Release of Liability I am waiving certain legal rights; and, I accept this and sign this Waiver of my own free will.
- My participation in the Activity is voluntary. No one is forcing me to participate. I acknowledge that the Activity is not an essential service provided by the City.
- I acknowledge that participating in the Activity carries with it certain inherent risks. Injuries may result from use of athletic equipment, fields and park grounds including, but not limited to failure of equipment, being struck by balls, and the failure of others to observe safety rules. I assume any and all risks, both known and unknown, while participating in the Activity.
- To the best of my knowledge I have no physical or medical conditions that would prevent me from participating in the Activity.
- In consideration of being allowed to participate in the Activity, I understand and agree that neither the City nor any person acting on behalf of the City, may be held liable in any way for any event which occurs in connection with the Activity which may result in harm, death, injury or damage to me. This waiver of liability does not waive liability for any injuries that I obtain as the result of willful, wanton or intentional misconduct by the City or any person acting on behalf of the City.
- I agree to comply with all rules related to the Activity. If I observe any unusual or significant hazard during my participation in the Activity, I will stop participating and immediately notify the nearest official.
- I agree to defend, indemnify and hold harmless the City for any expense or liability the City may incur as a result of my conduct, action or omissions while performing the Activity.
- It is my express intent that this Waiver and Release of Liability shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives if I am deceased.
- I grant permission for the use of any photographs, motion pictures, recordings, or any other record of my participation in this Activity for any legitimate purpose, without financial or other compensation or royalties.
- If any court finds any portion of this Waiver and Release of Liability to be contrary to law, invalid, or unenforceable, the remainder of the Waiver and Release of Liability will remain in full force and effect.
- My signature indicates that I read this entire document, understand it completely, acknowledge that it cannot be modified or changed in any way by oral representations, and agree to be bound by its terms.

Sign: _____ **Date:** _____

5v5 Officiated Basketball Leagues		
Fall '20	Wed	\$575
Winter '21	Wed	\$575

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