



# Deep River Parks and Rec Basketball Summer 2019



## MEN'S ADULT RECREATIONAL BASKETBALL LEAGUE AGES 18+

- The league is open to men 18+ years old. (Class of 2019 graduates eligible if 18 years old.)
- Register on line by May 20<sup>th</sup>
- Teams must have a minimum of 7 players; maximum of 10, no exceptions
- The league will run for 8 weeks-June 5<sup>th</sup> through July 24<sup>th</sup>
- \$20.00 fee per player
- Games will be once a week for 7 weeks, on Wednesdays from 7:00-11:00 pm, from June 5<sup>th</sup> through July 17<sup>th</sup> (depending on the amount of teams, games may be also be scheduled for Thursdays)
- A single elimination tournament will be held the week of July 22<sup>nd</sup>. Teams will be seeded based on their record over the 7 weeks of games
- Each team will play one game a week. Games will be one hour in duration
- Players may miss a game
- Teams will schedule their own practice sessions
- Teams must appoint a captain to serve as a contact with the league board
- Teams must cancel 48 hours prior to a scheduled game to avoid a forfeit
- All forfeited games will be counted as a loss
- Only registered players can practice and play
- Players will call their own fouls
- A players may act as the team coach or a team can recruit a coach\*
- All league games will be held at the lighted outdoor court at Plattwood Park, located on Route 80, in Deep River, CT. Games are weather dependent.

**COST:** \$20.00 per participant. Teams must have a minimum of 7 players & cannot exceed 10 players. Players can register individually or as a team. Players not registering with a team will be assigned to one by the P & R staff.

Sign up on line at [www.deepriverct.us](http://www.deepriverct.us)

**Registration Deadline- Monday, May 20, 2019**

**\*Parent/Volunteer Invitation:** Interested in helping out? Have coaching or officiating experience? Contact Parks and Recreation about becoming involved. All parent/volunteers must fill out a coaches' registration form and are subjected to approval by the DR Parks and Recreation Commission.

**Make checks payable to: Deep River Parks & Rec, and return form and fee to:  
Deep River Parks & Rec Dept., 56 High Street, Deep River, CT 06417**

### Code of Conduct for Players and Parents

The philosophy of the Parks and Recreation Department is to teach skills, fundamentals, good sportsmanship and to create a positive environment for youth participants while having fun! Players and Parents are required to conduct themselves in a responsible and supportive manner:

**Please read** through the complete Code of Conduct for Deep River Parks and Recreation Youth Athletic Programs available on on-line at [www.deepriverct.us](http://www.deepriverct.us). We ask all players to be familiar with the leagues' Basketball Rules also available on the Town's website. You are encouraged to read the Center for Disease Prevention and Control's (CDC) 'The HEADS UP' initiative which provides important information on preventing, recognizing and responding to a concussion, (<http://www.cdc.gov/headsup/youthsports/index.html>).

Any questions please e-mail [ParkandRec@DeepRiverCT.us](mailto:ParkandRec@DeepRiverCT.us) or call 860-526-6036

# ADULT MEN'S 2019 SUMMER BASKETBALL LEAGUE

## FORMS DUE BY May 20, 2019

Select: [  ] \$20 (on/before 5/20/19)\* [  ] \$35 (After 5/20/19 with permission)  
*\*Registration Forms must be in the P & R office by the due date to be considered on time*

NAME \_\_\_\_\_ OVER 18?      Y      N  
 ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_  
 PHONE \_\_\_\_\_ ALT PHONE \_\_\_\_\_  
 E-Mail(s) \_\_\_\_\_

TEAM\*\*: \_\_\_\_\_ TEAM CAPTAIN: \_\_\_\_\_

**\*\*PLAYERS NOT REGISTERING WITH A TEAM WILL BE ASSIGNED A TEAM BY P & R STAFF\*\***

**All Teams are limited to 10 players**

EMERGENCY CONTACT: NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

Please specify any evenings & times not available. M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_

<b>T-SHIRT SIZE:</b>	Adult Small	Adult Medium	Adult Large
<b>Please circle size:</b>	Adult X-Large	Adult XX-Large	Adult 3X-Large

KNOWN ALLERGIES and other pertinent medical information: \_\_\_\_\_



**PLEASE ACKNOWLEDGE CODE OF CONDUCT:**

We have gone on-line @ [www.deepriverct.us](http://www.deepriverct.us) and have read, understand, and agree to abide by the Deep River Parks and Recreation Code of Conduct that govern all youth athletic activities. I am also familiar with the league rules and agree to abide by them. Furthermore, we understand that a breach of the rules or Code of Conduct will result in disciplinary action as described therein.

**X** \_\_\_\_\_ Date: \_\_\_\_\_  
**Signature of Player**

I hereby give permission to have myself photographed during Parks and Recreation activities. I understand that these photos might be posted on the town website, social media outlets or used in future town publications.

Player **X** \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL RELEASE**

Recognizing the possibility of physical injury associated with basketball, including, but not limited to concussions, and in consideration for the Deep River Parks & Recreation Department and the Town of Deep River and its affiliates accepting the registrant for its basketball programs and activities, I hereby release, discharge, and/or otherwise indemnify the Deep River Parks & Recreation Department, the Town of Deep River, their volunteers and employees, the program referees and program sponsors and associated personnel involved with the program including the owners of gyms and facilities utilized for this programs as well as any coaches and assistant coaches against any claim by or on behalf of the registrant's participation in the programs and/or being transported to or from the same. I have read the recommended articles on concussions at the Centers for Disease Control and Prevention's website at <http://www.cdc.gov/headsup/youthsports/index.html> and understand the risks. My child has received a physical examination by a physician and has been found physically capable of participating in the programs. I also assume the financial responsibility for any medical expenses required for my child.

Player **X** \_\_\_\_\_ Date \_\_\_\_\_

For Park & Rec internal use only: Date rec'd \_\_\_\_\_ PAID \_\_\_\_\_

TEAM \_\_\_\_\_ COACH \_\_\_\_\_