



City of Colton Community Services Department
670 Colton Avenue, Colton, CA 92324
(909) 370-6153

New Team

Returning Team

**ADULT TEAM APPLICATION
 BASKETBALL**

1. Team Name (Print): _____ (Alternate Choice): _____

2. Team Manager: _____ Email: _____

Cell #: _____ Home #: _____

Address: _____ City: _____ Zip Code: _____

3. Other contact Person: _____ Email: _____

Cell #: _____ Home#: _____

5. Address: _____ City: _____ Zip Code: _____

In consideration of the acceptance of my application for entry in the basketball program and as the manager of the team herein below, I agree to the following conditions:

1. Should my team drop after the Manager's Meeting, that my deposit will not be refunded.
2. Should my team drop **after** the start of league play, that there will be **no** refund of league fees.
3. I realize my responsibility to inform all my players of all league rules, the Players' Code of Conduct and to have all players on my team read and sign the waiver on the Team Roster or Add/Drop sheet.

By affirming my signature below, I verify that I have read and understand the aforementioned statement and will comply with its agreement. I also accept my responsibility, on behalf of my team, to pay all league fees and expenses accrued by my team including any charges or expenses incurred by the "City" in the collection of same.

Managers Signature: _____ Date: _____

FOR OFFICE USE ONLY

ENTRY FEES: DATE: _____ ACCEPTED BY: _____ \$ _____

FORFEIT FEE: DATE: _____ ACCEPTED BY: _____ \$ _____

ROSTER SUBMITTED: DATE: _____ ACCEPTED BY: _____

FEES FORFEITED: DATE: _____ BY: _____