



ADULT BASKETBALL LEAGUE

THURSDAYS

AUG 7 - SEPT 4

\$500 Per Team

Team = 10 Players Max

(create your own team before team captain registers)

AGES: 18+

Location: Modick Park Basketball Court 1

Time: 6PM-8PM

TEAM REGISTER BY:
JULY 25 430PM

NEED TO PROVIDE

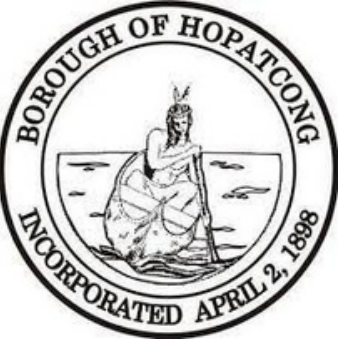
- Determine a Team Captain
- Create a Team Name
- Provide Your Own Scorekeeper and Statistician

PROVIDED BY REC DEPT

- Essential Gameday Equipment
- Team Shirt
- Referee

FOR MORE INFO:
MVASILE@HOPATCONG.ORG





HOPATCONG RECREATION DEPARTMENT

Adult Basketball League Registration Form 2025

Team Name: _____ Team Captain: _____
Name: _____
Address: _____
Phone: _____
Email: _____
Age: _____ Shirt Size: _____
Medical Conditions: _____
Hospital Preference: _____
Emergency Contact: _____
Emergency Phone: _____

I UNDERSTAND THAT I WAIVE AND RELEASE ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE BOROUGH OF HOPATCONG, MEMBERS OF THE RECREATION COMMISSION, AND THE STAFF OF THE RECREATION DEPARTMENT FOR ANY AND ALL LOSS OF PROPERTY, PERSONAL INJURY OR DEATH CAUSED BY THE PARTICIPATION IN THIS PROGRAM. I AGREE TO HOLD HARMLESS THE PROGRAM FOR ANY AND ALL CLAIMS OF BODILY INJURY OR PROPERTY DAMAGE.

I HEREBY AUTHORIZE THE TREATMENT BY A QUALIFIED AND LICENSED MEDICAL PROFESSIONAL IN THE EVENT OF A MEDICAL EMERGENCY.

Participant Signature: _____
Date: _____

FOR OFFICE USE ONLY

RECREATION DEPT SIGNATURE: _____
DATE RECIEVED: _____
AMOUNT PAID: _____ PAYMENT TYPE: _____
CHECK #: _____