

Dover Recreation Men's Basketball league (Ages 30+)

Registrations accepted in order of receipt until required players (63) to fill the rosters is reached (**application and payment must be received**). There will be a maximum of seven teams in the league (reduced by number of applicants).

1. Teams are rostered via a captain's draft.
2. All games played Monday and/or Thursday nights at the **McConnell Center Gym** from mid-April – June 30th. Games times are 5:15 PM, 6:30 PM (est.), and 7:45 PM (est.).

Registration Fee: \$150. Refunds will not be issued after the start of the scheduled games. Dover Recreation reserves the right to remove any player without a refund based on behavior or incidents on court that are detrimental to the league and/or facility.

Questions? Rick Conway or Krista Trefethen (603)516-6401

Please Print Personal Info			
Last Name:		First Name:	
Street:	City:	State:	Zip Code:
Phone Number/Email: Cell Phone () _____ Email: _____		Emergency Contact: Name: Relationship: Cell Phone () _____	
Physical Information: Height: _____ ‘ _____ “		Weight: _____ lbs.	
Date of Birth: / / (Must be 30 years old by May 1, 2023)			

By signing this form, I agree to abide by whatever protocols are in place by the City of Dover or the Dover Recreation department(which can change throughout the season), and failure to abide by these protocols could result in expulsion from the league.

I, the undersigned, do hereby acknowledge that the foregoing activity is recreational and not a necessity, and agree to release, waive, covenant not to sue, and hold the City of Dover, its Recreation Department, and all officials, employees, and agents harmless from and against any and all manner of liability, including but not limited to actions, omissions, and/or negligence of the City and/or its officials/employees/agents, for any injury, sickness, impairment, disease, illness, death, loss, expense, or damages which is or may be suffered by you and/or the aforementioned individual arising out of or in relation to his/her participation in this activity. The foregoing release/waiver/covenant not to sue/hold harmless also extends to any and all risks associated with the novel coronavirus (COVID-19), for which I expressly assume all risk associated with and which I understand is extremely contagious and is believed to spread mainly from person-to-person contact.

☞Please Indicate any medical concerns: medication(s), problems or other physical disabilities of which we should be made aware of: _____

SIGNATURE: _____ Date: _____

Return form with payment to:
Dover Recreation
61 Locust Street, Suite 124
Dover, NH 03820