



PARKS AND RECREATION DEPARTMENT

TO: TEAMS INTERESTED IN FALL SEASON BASKETBALL

FROM: Lacelle Cordes, Recreation Supervisor
Peter Mollman, Recreation Intern

DATE: Monday, August 1st, 2016

RE: Registration for Fall Season Basketball Leagues

It is time to organize your team for the 2016 Fall Season Basketball Leagues.

The following information must be turned in by **Friday, August 19, 2016 by 4:00 pm.** to confirm your registration into the league:

1. **League fee - Total for each team listed below.** Make checks payable to the "City of Rosemount" If your team is not accepted into the league, deposits will be refunded.
2. **Registration Form** - which is enclosed in this mailing. Please list assistant manager's information also.
3. Send the requested information to:

City of Rosemount
ATTN: Lacelle Cordes/Peter Mollman
13885 South Robert Trail
Rosemount, Mn 55068

Teams that have participated in the 2015-16 Season will be given priority for registration up through **Friday, August 19, 2016 until 4:00 pm.** After this date, teams on a waiting list will be assigned positions in the league they are requesting.

<u>Leagues Offered</u>	<u>Tentative Start Date:</u>	<u>Fee</u>
Wednesday: Mens 4 on 4	September 7	\$100.00

Managers are asked to direct questions or concerns promptly to the Rosemount Parks and Recreation office at 651-322-6000. A voice mail system will accept your message after business hours.

Enclosures

SPIRIT OF PRIDE AND PROGRESS

**ROSEMOUNT PARKS AND RECREATION
ATHLETIC LEAGUES REGISTRATION FORM**
-Please complete information on the other side of this form also-

Manager Information: (Please Print)

Team Name: _____

Former Team Name (if any) _____

Manager Name _____

Address _____

City _____ State _____ Zip _____

Home # (_____) _____ Work # (_____) _____ Cell # (_____) _____

E-mail Address _____

Assistant Manager Information: (Please Print)

Assistant Managers Name _____

Address _____

City _____ State _____ Zip _____

Home # (_____) _____ Work # (_____) _____ Cell # (_____) _____

E-mail Address _____

Softball Leagues only:

League Night Preference: 1st Choice _____ 2nd Choice _____

Class: (circle one) A B C D Division Team Prefers to Play In: (circle one) Upper Lower

Residency (circle one) Resident Team Non-Resident Team Registration Status (circle one) 1 2 3 4 5 6 7 8

Soccer Leagues Only:

League Night Preference _____ League (circle one) MENS WOMENS COREC

Residency (circle one) Resident Team Non-Resident Team

Volleyball Leagues only:

League Night Preference _____ League (circle one) MENS WOMENS COREC

Class: (circle one) A B C D Division Team Prefers to Play In: (circle one) Power Recreational

Basketball Leagues only:

League Night Preference _____ League (circle one) MENS WOMENS

-Please complete information on the other side of this form also-

Region/State Tournament: <i>(Tournament Fee must be included with softball league fee, all other sports, state fee is required by the stated dates)</i>			
YES, we will play	NO, we will not play	We prefer to play in class (circle one)	A B C D
Division _____	Date of Tournament _____		

Fee Information:	Please complete if paying by Credit Card
League Fee (\$ 100 Resident) \$ <u>100</u>	Charge my: Visa MasterCard
	Name on Card _____
District/State Tournament Fee (\$ NA) \$ _____ (If applicable)	Card # _____
Total Fees Due \$ <u>100</u>	Expiration Date _____ CVV Code _____
	Signature _____

For Office Use Only:			
Check # _____	Amount Due _____	Amount Paid _____	Date Paid _____
Resident Team	Non Resident Team	New Team	Returning Team
Admitted Into League: YES NO	Night Assigned to: Monday Tuesday Wednesday Thursday Friday		
League Tournament: YES NO	Region/State Tournament: YES NO		

DATA PRIVACY ACT- In accordance with the Minnesota Government Data Practices Act, the Parks and Recreation Department hereby informs you that the personal information we are requesting of you and /or your child or guardian on our registration form is now considered private. Private data is available to you and to City Staff who need to have this information to perform their duties, but not to the public. While you may choose to withhold this data, the consequences could be that the City's parks and Recreation Staff may not be able to complete your registration and/or you may not receive updated information, such as schedule changes.

PHOTOGRAPH CLAUSE -Rosemount Parks and Recreation periodically takes pictures of participants in our classes and leagues, during special events and in our parks. Please be advised that these photos may be used in the City's brochures, pamphlets or other presentations. If you or your family members do not want to be photographed or published you must give us written notice.

REFUND POLICY - Registration fees for program canceled by the Parks and Recreation Department will be fully refunded. Refunds for individual or team cancellations will be granted if a replacement team has been admitted into the specific league your team has registered for if it is before the registration deadline. No refunds will be made after the registration deadline or the start of the activity.

In consideration of being permitted to compete, I hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claim that I may have, that might arise, against the City of Rosemount for any and all injuries or losses suffered by me while competing in or in connection with the Rosemount Athletic League(s).

Signature of Team Manager _____ Date _____