

TO: TEAMS INTERESTED IN FALL SEASON BASKETBALL

FROM: Lacelle Cordes, Recreation Supervisor

DATE: Tuesday, August 11, 2021

RE: Registration for Fall Season Basketball Leagues

It is time to organize your team for the 2021 Fall Season Basketball Leagues.

The following information must be turned in by **Wednesday, September 1st** 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
13885 South Robert Trail
Rosemount, Mn 55068

<u>Leagues Offered</u>	<u>Tentative Start Date:</u>	<u>Fee</u>
Wednesday: Mens 4 on 4	September 8	\$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

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:

(Tournament Fee must be included with softball league fee, all other sports, state fee is required by the stated dates)

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:

League Fee (\$ 100 Resident) \$ 100

\$ _____

District/State Tournament Fee (\$ NA) \$ _____
(If applicable)

Total Fees Due \$ 100

Please complete if paying by Credit Card

Charge my: **Visa** **MasterCard**

Name on Card _____

Card # _____

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 this 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 mad 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 _____