ADULT BASKETBALL
INDIVIDUAL PLAYER NAME/PHONE RELEASE WAIVER

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USE THIS FORM IF YOU ARE A PLAYER TRYING TO GET ON A TEAM.
PLEASE PRINT AND FILL OUT THIS FORM COMPLETELY AND SEND/BRING TO:
COMMUNITY ED & REC, 1515 S. 7th STREET, ANN ARBOR, MI 48103
FAX: (734) 994-1454

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PLAYER'S NAME: _____ TELEPHONE: _____
(DAY) (EVE)

ADDRESS: _____

EMAIL ADDRESS: _____

LEVEL OF PLAY

FOR MEN:
- A or BB (highly skilled – with high school/college experience)
- B (competitive level of play)
- CC (very competitive intermediate level of play)
- C (intermediate level of play)
- D (recreational & some experienced players)
- E (minimally experienced players)
- 30+ division

FOR WOMEN:
- B (competitive to intermediate & recreational level of play)

LEAGUE INTEREST:

MEN'S: A BB B CC C D E 30+

WOMEN'S: B

AVAILABILITY: SUNDAY MONDAY WEDNESDAY THURSDAY

YOUR EXPERIENCE, POSITION, ETC:
(PLEASE LIST)

I HEREBY GRANT REC & ED PERMISSION TO RELEASE THE ABOVE INFORMATION AT THEIR DISCRETION FOR THE PURPOSE OF ASSISTING MYSELF IN FINDING A TEAM TO PARTICIPATE ON FOR THE UPCOMING SEASON. I REALIZE BY SIGNING THIS WAIVER THAT I AM NOT GUARANTEED TEAM PLACEMENT.

PLAYER'S SIGNATURE: _____ DATE: _____