

# ADULT BASKETBALL 2023

Registration will be accepted at Adult Sports Office located at the Stribley Community Center or at any of these locations:

|   |  |   |  |
|---|--|---|--|
| <u><b>Adult Sports Office</b></u><br><br><b>Stribley Center</b><br>1760 E. Sonora St.<br>Stockton, CA 95205<br><br>Mon-Fri, 9 am - 6 pm<br><br>209-937-5544 | <b>Arnold Rue Center</b><br>5758 Lorraine Ave.<br>Stockton, CA 95210<br><br>Mon-Thu, 9 am - 8 pm<br>Fri, 9 am - 7 pm<br>Sat, 9 am - 5 pm<br><br>209-937-7350 | <b>Seifert Center</b><br>128 W. Benjamin Holt Dr.<br>Stockton, CA 95207<br><br>Mon-Thu, 2 pm - 8 pm<br>Fri, 2 pm - 7 pm<br>Sat, 9 am - 5 pm<br><br>209-937-8307 | <b>Van Buskirk Center</b><br>734 Houston Ave<br>Stockton, CA 95206<br><br>Mon-Thu, 9 am - 8 pm<br>Fri, 9 am - 7 pm<br>Sat, 9 am - 5 pm<br><br>209-937-7358 |
|---|--|---|--|

## FORMAT

Seasons will consist of 8 games scheduled over 8 to 10 weeks; doubleheaders may be included. Each game will be two 20-minute running halves with stopped clock in the last two minutes of the second half.

## REGISTRATION DATES

|        | Games Start  | Early Registration<br><i>\$25 OFF</i> | Registration Ends | Late Registration<br><i>\$35 Fee</i> |
|--------|--------------|---------------------------------------|-------------------|--------------------------------------|
| Winter | January 24   | December 18                           | January 1         | January 2 – January 8                |
| Spring | April 11     | March 5                               | March 19          | March 20 - March 26                  |
| Summer | June 27      | May 21                                | June 4            | June 5 – June 11                     |
| Fall   | September 12 | August 6                              | August 20         | August 21 – August 27                |

PLAYERS MUST BE 18 YEARS OF AGE.

| Registration Fee Cost Breakdown |          |
|---------------------------------|----------|
| Team Fee                        | \$384.00 |

| Additional Fees  |         |
|--|---------|
| Late Fee: additional per team after the deadline for waiting list placement. | \$35.00 |

**NO REFUNDS AFTER GAME SCHEDULE HAS BEEN DETERMINED.**

**For More Information, Visit or Call the Adult Sports Office at the  
Stribley Community Center  
1760 East Sonora Street  
Stockton, CA 95205  
(209) 937- 5544  
[sportsandfields@stocktonca.gov](mailto:sportsandfields@stocktonca.gov)**

# ADULT BASKETBALL 2023

## DIVISIONS AND GAME TIMES/DAYS

Games may begin any time after 6 p.m. on Tuesdays. Teams may be placed in divisions depending on total number of teams registered. Placement will be balanced based on team record history.

Special request for game times and bye dates cannot be accommodated. With the addition of the playoff format, teams can still qualify for playoffs even if they miss games.

## PLAYER CONTRACT FORM AND FEE

All players must sign the Player Roster and Hold Harmless and pay a player contract fee, per team, per year. All players must be at least 18 years of age at start of league play. New players can be added during the season; however, each new player is required to pay player contract fee per team. After registration, new player contract fees can be paid at the game site or at the office. **NOTE:** The player fee is NOT medical insurance for participation in the Adult Sports Program.

## PLAYER RELEASE FORM

A player who has not yet played in any games can be removed from a team, and a new player can be added at no additional cost if the Player Release Form is completed within the first two weeks of each season. Player Contract Fee transfers are allowed ONLY during the season in which the Player is listed on Team Roster. Player contract fees CANNOT be transferred for a player that has already participated in a game. Forms are available upon request.

## UNIFORMS

The HOME team is required to wear like colored light jerseys. The AWAY team is required to wear like colored dark jerseys. **NO GREY JERSEYS/SHIRTS.** Every player must have a number on their jersey and there cannot be the same number on the same team. Numbers cannot be taped on. Teams that fail to follow the uniform rules after the first game will be penalized with a two-point technical per player.

## PLAYOFFS AND AWARDS

The top four teams from each division will advance to the playoffs to compete for the league championship. For playoff eligibility, players on each team must have played in a minimum of two games. At the end of the league, the playoff schedule will be emailed to team managers and posted online. Championship team will receive a maximum of 10 t-shirts.

## GAME LOCATIONS

City of Stockton Community Centers

## GAME SCHEDULES

1. Game schedules are distributed at the Team Managers Meeting located at the Stribley Community Center
2. Obtaining game schedule prior to first game is Team Manager's responsibility.
3. Game schedules are also available at <https://web2.vermontsystems.com/wbwc/castocktonwt.wsc/splash.html>.

# ADULT BASKETBALL 2023

## TEAM REGISTRATION FORM

*Please Print Clearly*

|                                      |                                       |                                 |   |
|--------------------------------------|---------------------------------------|---------------------------------|---|
| Team Name<br>-or-<br>Free Agent Name |                                       |                                 |   |
| Check all that apply                 | <input type="checkbox"/> Winter       | <input type="checkbox"/> Spring | <input type="checkbox"/> Fall           |
|                                      | <input type="checkbox"/> Men's League |                                 | <input type="checkbox"/> Women's League |

**Game Nights: Games will be played on Fridays**

**NOTE:** Divisions will be balanced based on team record history and availability. Team division and night of play choices will be accommodated whenever possible. Team will be eligible for a refund ONLY if first OR second choice night cannot be accommodated.

**NO REFUNDS AFTER GAME SCHEDULE HAS BEEN DETERMINED.**

|                |  |                 |               |  |
|----------------|--|-----------------|---------------|--|
| Manager's Name |  |                 | Date of Birth |  |
| Address        |  |                 |               |  |
| City           |  | Day Phone #     |               |  |
| Zip Code       |  | Evening Phone # |               |  |
| Email Address  |  |                 |               |  |

*If paying by Check*

|                    |  |                 |  |
|--------------------|--|-----------------|--|
| Driver's License # |  | Expiration Date |  |
|--------------------|--|-----------------|--|

**All communication from League Office will go to name, address, and phone number listed.**

**IMPORTANT - PLEASE READ:**

**CITY OF STOCKTON OFFICIAL WAIVER, RELEASE OF LIABILITY & INDEMNIFICATION**

THE TEAM ROSTER MUST BE SIGNED BY EACH PLAYER IN HIS/HER OWN HANDWRITING. Team Manager is responsible for collecting players' signatures and contact information on the team roster. Any person signing the roster becomes the property of the above team until released by the Team Manager. **Please note:** Player Contract Fee does not cover medical costs for any injury arising from participation in the program. Player fees are NON-REFUNDABLE and CANNOT BE TRANSFERRED to another player after participation has occurred. *Team and Player Fees are subject to change.*

**FOR OFFICE USE ONLY:**

Check current contact info \_\_\_\_\_ Check Players Fees \_\_\_\_\_ Copy for site \_\_\_\_\_

**EACH PLAYER SHOULD READ THIS STATEMENT BEFORE SIGNING THIS ROSTER.** My signature authorizes the City of Stockton Community Services Director to use a photograph or similar likeness or image of myself in any future advertisement or promotion of the City of Stockton Parks and Recreation Department.

**HOLD HARMLESS AGREEMENT:** I hereby release, discharge and agree not to sue the City of Stockton, its officers, employees, agents, and contractors for any injury or damage to or loss of personal property, or illness, including, but not limited to, communicable diseases such as MRSA, influenza, and COVID-19, arising out of, or in connection with, my participation in the activity/event from whatever cause, including the active or passive negligence of the promoter/organizer or City or any other participant in the activity/event. In consideration for being permitted to participate in the activity/event, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City from any and all claims, demands, actions or suits arising out of or in connection with my participation in the activity/event. This form will act as a medical release in the case of an emergency. I understand that by participating in this event, that I am giving consent for images of myself and event to be used for promotional purposes or instruction by the City of Stockton. In case of an emergency or for reasons beyond the City's control, the City reserves the right to cancel the scheduled activity prior to scheduled use without liability. Refunds will be made if cancellation by the City is necessary. Special event permittees and renters of City of Stockton facilities are required to follow all requirements of the CDC, State Department of Public Health and local authorities with respect to COVID-19 and other communicable diseases. I have carefully read this release, hold harmless and agree not to sue and fully understand it contents. I am aware that this form is a full release of all liabilities and signed by my own free will.

|    |               |              |           |
|----|---------------|--------------|-----------|
| 1  | NAME          | BIRTHDATE    | ADDRESS   |
|    | EMAIL ADDRESS | PHONE NUMBER | SIGNATURE |
| 2  | NAME          | BIRTHDATE    | ADDRESS   |
|    | EMAIL ADDRESS | PHONE NUMBER | SIGNATURE |
| 3  | NAME          | BIRTHDATE    | ADDRESS   |
|    | EMAIL ADDRESS | PHONE NUMBER | SIGNATURE |
| 4  | NAME          | BIRTHDATE    | ADDRESS   |
|    | EMAIL ADDRESS | PHONE NUMBER | SIGNATURE |
| 5  | NAME          | BIRTHDATE    | ADDRESS   |
|    | EMAIL ADDRESS | PHONE NUMBER | SIGNATURE |
| 6  | NAME          | BIRTHDATE    | ADDRESS   |
|    | EMAIL ADDRESS | PHONE NUMBER | SIGNATURE |
| 7  | NAME          | BIRTHDATE    | ADDRESS   |
|    | EMAIL ADDRESS | PHONE NUMBER | SIGNATURE |
| 8  | NAME          | BIRTHDATE    | ADDRESS   |
|    | EMAIL ADDRESS | PHONE NUMBER | SIGNATURE |
| 9  | NAME          | BIRTHDATE    | ADDRESS   |
|    | EMAIL ADDRESS | PHONE NUMBER | SIGNATURE |
| 10 | NAME          | BIRTHDATE    | ADDRESS   |
|    | EMAIL ADDRESS | PHONE NUMBER | SIGNATURE |
| 11 | NAME          | BIRTHDATE    | ADDRESS   |
|    | EMAIL ADDRESS | PHONE NUMBER | SIGNATURE |
| 12 | NAME          | BIRTHDATE    | ADDRESS   |
|    | EMAIL ADDRESS | PHONE NUMBER | SIGNATURE |

I CERTIFY THAT ALL THE PLAYER LISTED HAVE READ THE ABOVE HOLD HARMLESS CLAUSE **BEFORE** AFFIXING THEIR SIGNATURE.

MANAGER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_