

2019



HK Men's Over 30 Basketball League



Who: Haddam/Killingworth Residents. Must be 30 years of age & older (proof of age & residency required).

When: Sundays, 12-4:30 pm and Tuesdays or Thursdays at 8:30 pm. League plays January through March. Regular season games will begin on Sunday, January 6th. There may be pre-season games the week before.

Where: HK Old MS Gym on Sundays. Middle School Gyms and/or KES on Tuesdays and Thursdays.

Fee: \$115 per player (plus one time reversible tank top fee of \$25); No refunds. \$25 late fee after 12/9. Registration available on-line at www.hkrec.com (New players must attend evaluations on 12/2 or 12/9).

Nobody steps on the court until league registration fee is paid.

Limit: 1st come, 1st served basis.

How to Sign Up: New players: New players MUST ATTEND evaluations at the old Middle School Gym on Sunday, December 2nd or 9th from 12-2 PM. Please bring form, check or receipt from on-line payment and proof of age and residency. Come prepared to play in the player draft. Everyone will be assigned to teams based on their skill level. **Returning Players from last year:** Complete form and return with payment to the HK Recreation Dept., PO Box 569, Higganum, CT 06441 or register on-line by 12/9/18.

Men's Over 30 Basketball League Registration (due by 12/9; \$25 late fee after 12/9)

NAME _____ DOB _____

ADDRESS _____ TOWN _____

Home ph. _____ Cell _____ email _____

HEIGHT _____ ft. _____ inches Did you play on: H.S. Basketball Team ____ College Team ____

IF YOU SIGN-UP, YOU ARE EXPECTED TO ATTEND YOUR GAMES.

The player listed above does hereby covenant and agree to release and hold harmless the HK Recreation Dept. (and its agents) from and against any and all liability, loss, damage, claims or actions (including costs and attorney fees) for bodily injury and/or property damage out of participation in the Men's 30 & Over Basketball League. I understand participation in the Men's 30 & Over Basketball League may involve rigorous physical activity and risks of physical injury, and I assume these risks.

SIGNATURE

REF YOUTH BASKETBALL & PAY ½ PRICE!

WILL YOU HELP? _____

.....
OFFICE USE ONLY

CENTER _____ FORWARD _____ GUARD _____ AMT PAID _____ AGE/RESIDENT PROOF _____

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