



CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS
 METRO REGION - NORTH DISTRICT
QUEEN ANNE RECREATION CENTER
 1240 WEST BOULEVARD * LOS ANGELES, CA 90019
 Phone: (323) 857-1180 * Fax (323) 857-1236
 e-mail: queenanne.recreationcenter@lacity.org



ADULT BASKETBALL REGISTRATION FORM – Spring 2019

TEAM MANAGER: _____ PHONE: _____

ADDRESS _____

CITY _____ ZIP _____

E-MAIL _____

TEAM NAME: _____



Team Roster



No.	Player Name	Phone #	E-mail
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

PLEASE READ AND SIGN:

- 1.) I AM AWARE THAT THE QUEEN ANNE RECREATION CENTER AND/OR THE DEPARTMENT OF RECREATION AND PARKS DOES NOT PROVIDE ACCIDENT INSURANCE FOR THE LEAGUE'S PARTICIPANTS, MANAGERS OR SPECTATORS.
- 2.) I HAVE RECEIVED A COPY OF THE **RULES OF PLAY**.
- 3.) I UNDERSTAND THE SPORTSMANSHIP OF CONDUCT. I ALSO UNDERSTAND THAT IT IS PROHIBITED TO HAVE OR USE OF ALCOHOL, DRUGS AND WEAPONS.

TEAM MANAGER'S SIGNATURE _____ DATE _____

----- FOR STAFF USE ONLY -----

LEAGUE FEE PAID: \$ _____

Receipt# _____