

# Grimes Parks & Recreation Department

Telephone: (515) 986-2143

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[www.grimesiowa.gov](http://www.grimesiowa.gov)

CITY OF  
**GRIMES**



## Grimes Rec Adult Men's Basketball League

### Program Description:

NEW! This is a 5v5 non-officiated league with all participants calling their own game with a court supervisor on hand. This is a for-fun league with standings but no championship award given out except for recognition. Games do have a time limit of 1 hr. Scores should be reported to the supervisor after the game. Min 4 teams/Max of 12 teams.

**Who:** Must be at least 18 years and older to play.

**Where:** North Ridge Elementary School in Grimes

**Date:** Wednesdays, January 13 – March 3, 2010  
*\*Deadline is a week before the league starts.*

**Time:** Games start at 6:30pm, 7:30pm, or 8:30pm.

**Questions:** Contact Brett Barber, Grimes Parks & Recreation Director at [bbarber@ci.grimes.ia.us](mailto:bbarber@ci.grimes.ia.us) or at 986-2143.

**To Register:** Pre-registration required. NEW! Register online at [www.grimesiowa.gov](http://www.grimesiowa.gov). Or you can pay with cash/check to **City of Grimes** and bring in registration to the GCC Rec Office.

**Cost:** \$150 per team for a 8-week schedule.



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### 2010 "Grimes Rec Adult Men's Basketball League" Registration Form

TEAM NAME OR SPONSOR: \_\_\_\_\_

CAPTAIN'S NAME: \_\_\_\_\_

CAPTAIN'S STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

*Cost is \$150 per team.*

#### Release and Indemnification Agreement:

I hereby request that you accept my team's application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my team, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event my team is injured in an accident that occurs while he or she is participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of my team as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage for my team while he or she participates in this particular activity.

\_\_\_\_\_  
Team Captain's Signature

\_\_\_\_\_  
Date

**Grimes Parks and Rec Office ~ 410 SE Main St. in Grimes**