

SOUTH VALLEY ATHLETICS: CG MEN'S BASKETBALL LEAGUE 2024

PO BOX 1565 * 700 E. Gibbs Ave * Cottage Grove OR 97424 * 541-942-3079 * www.southvalleyathletics.org

Participant Name: _____ Birthdate: _____

Participant Address: _____

City/State/Zip: _____

Phone number: _____ Cell Phone: _____

Email: _____

Emergency Contact Name: _____ Phone Number: _____

Team Manager/Captain: _____ Team Name: _____

***No Team, please put the house team down. We don't guarantee that we will have enough to build a team.**

INFORMATION:

Questions Call: Tom Perkins (541) 674-3111 or Tanner Gates (541) 228-4551

Games will be Played at Cottage Grove High School, Friday Nights

Cost Per Team: \$750 (It is up to you and your team to decided on how this gets paid)

Dates: April 5, 2024 through May 24, 2024

8 weeks of games and a two week Tournament (SINGLE ELIMINATION)

Rules, Code of conduct, Zero Tolerance Policy are at the SVA OFFICE or you can fine it on the WEBSITE

Please read and Initial next to each item:

____ I understand that my team must have the \$750 paid in full before the first game

____ I give permission for SVA to take pictures/video for publicity purposes

____ I understand that my team is to provide one color shirt and one white shirt with numbers on them.

____ I have read and agree to the rules for SVA Men's City League Basketball and agree to abide by them.

____ I have read and agree to the Code of Conduct and Zero Tolerance Policy set forth by SVA.

In consideration for the right to participate in this activity, I agree to indemnify and hold harmless SVA and its Board of Directors, South Lane School District, Cottage Grove High School, the City of Cottage Grove, Oregon, and their agents for any injury suffered because of my participation in this activity. I understand that there are inherent risks when playing Basketball, that serious injury or death can occur. I agree to assume those risks on behalf of myself. I agree to abide by the rules and regulations set forth by SVA and understand that SVA will have ultimate decision-making authority on any matters that might arise concerning the Men's City League Basketball. I understand that my failure to abide by any rule and/or regulation can jeopardize my team's or my participation in Men's City League Basketball.

Signature of participant: _____ Date: _____