



City of Hammond Recreation Department ADULT SPORTS REGISTRATION FORM

OFFICE USE ONLY
Registration Fee
Total : _____
Date: ___/___/___

TEAM INFORMATION: Division selection is only required for Adult Softball.

Team Name: _____ Sport: Volleyball Basketball Softball Division _____ Coed Men's Rec

CONTACT INFORMATION

Team Captain: _____	Alternate Contact: _____
Mailing Address: _____	Mailing Address: _____
City, State, Zip: _____	City, State, Zip: _____
Mobile Phone: () _____	Mobile Phone: () _____
Email: _____	Email: _____

CITY OF HAMMOND RECREATION DEPARTMENT CODE OF CONDUCT

This code of conduct applies to everyone - parents, players, coaches, sponsors, and spectators - who participate in any activity sponsored by, or in any way associated with the City of Hammond Recreation Department.

1. No alcoholic beverages or illegal drugs are permitted on City of Hammond Recreation Department premises at any time. (buildings, playgrounds, parks, parking lots)
2. All information furnished by players, coaches, or sponsors must be true. False information, forged or altered documents, are prohibited.
3. All participants, players, coaches, sponsors and spectators will behave in a polite and sportsmanlike manner at all times. Only a coach may question a decision of an official. Abusive language, cursing, profanity, threats or ridicule are prohibited.
4. No one shall hit another person before, during or after a City of Hammond Recreation Department activity.
5. No one shall deliberately damage City of Hammond Recreation Department property.
6. Any person violating any rule will be subject to suspension or expulsion from City of Hammond Recreation Department activities.

The City of Hammond Recreation Department does not provide accident or medical insurance on program participants. I recognize that participation in City of Hammond Recreation Department activities may expose me to some risk of injury. I agree to hold the City of Hammond Recreation Department harmless for any claims for damage to any property or persons which may occur through participation in any activity sponsored by the City of Hammond Recreation Department

Team Captain Signature: _____ **Date:** ___/___/___

HOW TO SUBMIT A REGISTRATION FORM

<u>Mail</u> City of Hammond Rec. Dept. Attn: Registration P.O. Box 2788 Hammond, Louisiana 70404	<u>Drop Off</u> Michael J. Kenney Center 601 West Coleman Avenue Hammond, Louisiana 70403 (985) 277-5900	<u>Registration Fees</u> Softball \$375 per Team Basketball \$375 per Team Volleyball \$150 per Team
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Registration fees may be in the form of a check or money order. CASH WILL NOT BE ACCEPTED. A \$25 late fee will be charged to all teams that register after the deadline!



City of Hammond Recreation Department ADULT LEAGUE ROSTER FORM

SPORT: _____

TEAM NAME: _____ TEAM CAPTAIN: _____

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1. No alcoholic beverages, or illegal drugs are permitted on city of Hammond Recreation Department premises (buildings, playgrounds, parking lots, etc.) at any time.
2. All information furnished by parents, players, coaches or sponsors must be true. False information, forged or altered documents are prohibited.
3. All participants, players, coaches, sponsors and spectators will behave in a polite and sportsmanlike manner at all times. Only a coach may question an official. Abusive language, cursing, profanity, threat or ridicule are prohibited.
4. No one shall hit another person before, during or after a City of Hammond Recreation Department activity.
5. No one shall deliberately damage City of Hammond Recreation Department property.
6. No gambling of any kind will be tolerated.
7. Any person violating any rule will be temporarily or permanently suspended from City of Hammond Recreation Department. Any person or team who is suspended will not be refunded any fees paid to the City of Hammond Recreation Department.

The City of Hammond Recreation Department does not provide accident or medical insurance on program participants. I recognize that participation in City of Hammond Recreation Department activities may expose me to some risk of injury. I agree to hold the City of Hammond Recreation Department harmless for any claims for damage to any property or persons which may occur through

TEAM CAPTAIN SIGNATURE: _____ DATE: _____

TEAM ROSTER

PLAYER NAME

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
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10. _____
11. _____
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15. _____

SIGNATURE

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