

Adult Basketball Registration Form

General Information:

- **Registration Period:**
 - October 1, 2025 – November 10, 2025
- **Season Schedule:**
 - 8 Games at Portland High School (1100 Ionia Rd., Portland, MI 48875)
 - Sundays, December 7, 2025 – February 8, 2026 (Skip December 21 & 28, 2025)
 - Make Up Date: Sunday, February 15, 2026
 - Game times vary – mid-morning to mid-afternoon
- **Cost:**
 - **Team Registration Fee:** \$475
 - **Individual Player Waivers & Fees:** All players MUST complete a liability waiver and pay the player fee PRIOR to their first game. Fees vary by residency and should be completed online at portlandmi.recdesk.com
 - **Residents (Portland City Limits) and Eagle Township:** \$20
 - **Non-Residents (All others):** \$30
- **League Information:**
 - Games are played 5v5
 - Teams must have similar colored jerseys or shirts **WITH** numbers
 - Players may NOT play for more than one team regardless of division
 - Managers are responsible for providing the scorekeeper with player names/numbers before each game

Please complete and submit the bottom portion along with payment **or** register online at portlandmi.recdesk.com

If you have any questions, please contact Emma at ehonsowitz@portland-michigan.org or (517) 647-3207

League Preference: The Parks and Recreation Department reserves the right to change teams from one league to another to ensure fair and equal competition for all teams, players, and sponsors. **Leagues will be combined if necessary.**

Men's A (Upper) Men's B Men's C Men's D (Lower) Women's

Team Name/Sponsor: _____

Team Manager: _____ **Phone:** _____

Address: _____ **City/Zip:** _____

Email: _____

(Correspondence will be primarily via email – please write clearly)

Waiver Statement: I hereby, for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against the City of Portland, their respective agents or any facility used for this recreational program, for any and all injuries which may be suffered by my dependents in connection with my participation in said program. I further represent that I carry medical-hospital insurance and I understand that the City does not provide such insurance coverage for me. Photographs & videos may be taken at certain Parks and Recreation Department activities and unless The Parks and Recreation office receives written signed obligation, photos may be reproduced in department publications. **I have notified the players that I manage of the above information.** I agree to the stated rules and regulations of the City of Portland Parks and Recreation Department.

I understand that all players, including team managers, MUST submit a liability waiver and pay the player fee prior to their first game. Failure to do so may result in teams forfeiting games until ALL waivers are completed.

Team Manager Signature: _____ **Date:** _____