



# CITY OF JANESVILLE

Wisconsin's Park Place

RECREATION DIVISION

## 2025 Adult Men's Basketball – Team Registration

**REGISTRATION DEADLINE: Thursday, December 5, 2024**

- RETURNING TEAMS WHO DO NOT MAKE THE DEADLINE WILL LOSE THEIR RETURNING TEAM STATUS.
- TEAM ACCEPTANCE IS BASED UPON RETURNING STATUS, LEAGUE PREFERENCE, THEN REGISTRATION SUBMISSION DATE.
- TEAMS MUST HAVE A HOME AND AWAY NUMBERED JERSEY OR SHIRT.
- ALL PLAYERS MUST AGREE TO A CODE OF CONDUCT, MORE INFORMATION WILL BE PROVIDED AFTER THE REGISTRATION DEADLINE.

League Preference (check one): ( ) "A" - Competitive ( ) "B" – Recreational

Team Status (check one): ( ) Returning ( ) New – As openings become available, new teams will be placed on a first come, first serve basis.

TEAM NAME: \_\_\_\_\_ DIFFERENT NAME THAN PAST? Y N

OLD NAME: \_\_\_\_\_

TEAM MANAGER: \_\_\_\_\_ PRIMARY PHONE: \_\_\_\_\_

MANAGER'S ADDRESS: \_\_\_\_\_

MANAGER'S E-MAIL (must be regularly checked during season): \_\_\_\_\_

*Schedules and notifications will be sent via email to team managers ONLY. Team managers are responsible for informing their team of any changes. Please refer teammates to view schedule and rules at [www.teamsideline.com/janesville](http://www.teamsideline.com/janesville).*

<b>Fee Calculation:</b>	Team Fee (includes up to 15 players)	\$500
<i>No non-resident fee</i>	Additional # of players: _____ X \$10	\$ _____
	<b>TOTAL TEAM FEE DUE \$</b>	<b>_____</b>

Please submit registration, roster and fee by USPS mail or drop off at our office between the hours of 7:30a-4:30p to:

**Janesville City Hall | Recreation Division Office**

**18 N. Jackson St.**

**Janesville, WI 53547**

*After hours submissions should be placed in our secure drop box outside City Hall at the Wall Street entrance.*

Office use only

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Charge: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Paid by: ( ) Sponsor ( ) Manager

## MEN'S BASKETBALL ROSTER REGISTRATION

We, the players of \_\_\_\_\_ basketball team, agree to play with said team during the season or until given a release by said team and same is recorded with the Janesville Recreation Division Office. We further agree to abide by the Rules and Guidelines for Adult Athletics and the Janesville Recreation Division.

**Roster must be completed when submitting payment.**

TEAM: \_\_\_\_\_

**PLAYERS ARE NOT LEGAL, UNLESS WE HAVE FIRST & LAST NAME, ADDRESS, PHONE #, AND SHIRT SIZE!**

Shirts will be awarded to the league champions.

Site Sup Only					
Game 1	Game 2	Player's Name <b>NO NICKNAMES!</b>	Street, City, Zip	Phone Number	Shirt Size*
		1. (Mgr.)			
		2.			
		3.			
		4.			
		5.			
		6.			
		7.			
		8.			
		9.			
		10.			
		11.			
		12.			
		13.			
		14.			
		15.			

*As the manager of this team, I understand that I am responsible for the eligibility of the players on this team. I have checked the eligibility of all players and to my knowledge the players of this team follow the rules.*

Manager Signature: \_\_\_\_\_

**Please make a copy of this roster for your own record.**