

Enclosed is the registration information for the Hopkins-Minnetonka Recreation Services adult football league. After reviewing this information, you may register your team by:

1. Phone: 952-939-8203
2. Email: send registration form to [recservices@eminnetonka.com](mailto:recservices@eminnetonka.com)
3. Fax: 952-939-8311
4. Mail or in-person: 14600 Minnetonka Blvd, Mtna, MN 55345

**LEAGUE STRUCTURE:** In this 5 player football league, teams are guaranteed seven games, 5 league games plus playoffs. Games begin the week of August 8 and are played Monday – Thursday evenings at Valley Park in Hopkins and Tuesday and Thursday evenings at Big Willow Park in Minnetonka. This self officiated league will rely on a field supervisor to control the game. Five player football is an all-pass/no block, high scoring game.

**LEAGUE FEE:** \$299 per team due at the time of registration.

**REGISTRATION BEGINS:**

Registration is currently open to all teams.

**REQUIRED FORMS:**

1. Registration Form – Not required for phone registrations
2. Team Roster

**ROSTERS:** The team manager *must, using the official roster form*, list the name, full address, and phone number(s) for each player, then sign and submit it to the Recreation Services office. Rosters must be submitted before your second league game. Failure to submit an official and legible roster before your second league game will make your team ineligible and will cause you to forfeit the game.

**PLAYOFFS:** A post season tournament is scheduled following the end of the regular season. All teams automatically qualify for the tournament and should be prepared to play up to two games on a day.

**CONDUCT VIOLATION POLICY:** The following incidents will be assessed a \$20 per violation fee:

1. Unannounced Forfeit – forfeit must be reported to [swoeste@eminnetonka.com](mailto:swoeste@eminnetonka.com) by 3 p.m. the day of game.
2. Player Ejection
3. Unrostered Player

I would like to register a team to compete during the 2011 session(s). If this registration is accepted, I will be responsible for my team's fulfillment of all rules and regulations established for the operation of the league by Hopkins-Minnetonka Recreation Services.

COURSE #21333	Day (Please rank 1 <sup>st</sup> – 4 <sup>th</sup> )	Fee
Please indicate desired nights of play (Indicate 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , & 4 <sup>th</sup> choice). <b>All teams must be able to play Wednesday nights.</b>	Monday	\$299
	Tuesday	
	Wednesday	
	Thursday	

Team Contact Information			
Team Name:		Home Phone:	
Manager:		Cell Phone:	
Address:		City:	Zip: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>
Email:			

Payment Information			
[ ]	VISA	Credit Card #:	
[ ]	MasterCard	Exp. Date:	
Amount to be charged:	\$	Signature:	

Data Privacy Act	
The Minnesota Data Privacy Act requires that the registration information you provide on this form remain as private data. Private data is available to you but not the public. While you may choose to withhold this private data, there may be consequences that could limit the distribution of information to the participant (i.e., no managers list). By signing below, you are consenting to allow registration information to be shared with the coach, supervisor, or instructor and other registered program participants for purpose of administering the activity. This consent will expire upon completion of this activity.	
Release of Liability	
By signing this application form, I am acknowledging on behalf of myself and my organization or group ("the participants") that use of the Hopkins-Minnetonka Recreation facilities carries a risk of personal injury. The participants RELEASE and DISCHARGE Hopkins-Minnetonka Recreation Services, the Cities of Hopkins and Minnetonka, and their agents and employees, from liability for injuries or damage, including any losses CAUSED BY THE NEGLIGENCE OR STRICT LIABILITY of the released parties. The participants agree not to sue or make a claim against those agencies and agree to hold them harmless and indemnify them from all claims and suits that may be brought as a result of use of these facilities.	
Signature:	Date:

<b>Sport (select one)</b>		
<input type="checkbox"/> Basketball	<input type="checkbox"/> Broomball	<input type="checkbox"/> Football
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Kickball	<input type="checkbox"/> Softball
<b>League (select one)</b>		
<input type="checkbox"/> Men	<input type="checkbox"/> Women	<input type="checkbox"/> Co-Rec
<b>League Type (select one, if applicable)</b>		
<input type="checkbox"/> Open	<input type="checkbox"/> Corporate	<input type="checkbox"/> Church

<b>Team Contact Information</b>					
Team Name:		Sponsor:			
Manager:		H Phone:		W Phone:	
Address:		City:		Zip:	
Email:					
Asst. Manager:		H Phone:		W Phone:	
Address:		City:		Zip:	
Email:					

**Manager's Affirmation:** As the manager of this team, I understand that it is my responsibility to inform the team members of the rules and regulations that govern this activity and any consequences that may result if these guidelines are not followed. I obtained the following addresses and phone numbers and know that they are authentic. I certify that all listed players are fully aware of all rules and regulations and the penalties for any violations.

Manager's Signature:	Date:
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**Corporate Teams:** The organization's Personnel Manager must sign here as proof these persons are fulltime employees at that location.

Personnel Manager's Signature:	Date:
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**Church Teams:** The church pastor must sign here as proof these persons are members at that location.

Pastor's Signature:	Date:
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**Minnesota Tort Claims Act**  
 Under Minnesota law, the cities of Hopkins and Minnetonka are not liable for injuries related to the operations and maintenance of facilities used for the provision of recreation programs.

<b>Team Name:</b>		<b>Sport:</b>	
<b>Manager's Name:</b>			

1.	Name:			
	Home Address:		H Phone:	
	Work Address:		W Phone:	

2.	Name:			
	Home Address:		H Phone:	
	Work Address:		W Phone:	

3.	Name:			
	Home Address:		H Phone:	
	Work Address:		W Phone:	

4.	Name:			
	Home Address:		H Phone:	
	Work Address:		W Phone:	

5.	Name:			
	Home Address:		H Phone:	
	Work Address:		W Phone:	

6.	Name:			
	Home Address:		H Phone:	
	Work Address:		W Phone:	

7.	Name:			
	Home Address:		H Phone:	
	Work Address:		W Phone:	

8.	Name:			
	Home Address:		H Phone:	
	Work Address:		W Phone:	

9.	Name:			
	Home Address:		H Phone:	
	Work Address:		W Phone:	

10.	Name:			
	Home Address:		H Phone:	
	Work Address:		W Phone:	

11.	Name:			
	Home Address:		H Phone:	
	Work Address:		W Phone:	

12.	Name:			
	Home Address:		H Phone:	
	Work Address:		W Phone:	

13.	Name:			
	Home Address:		H Phone:	
	Work Address:		W Phone:	

14.	Name:			
	Home Address:		H Phone:	
	Work Address:		W Phone:	

15.	Name:			
	Home Address:		H Phone:	
	Work Address:		W Phone:	

16.	Name:			
	Home Address:		H Phone:	
	Work Address:		W Phone:	

17.	Name:			
	Home Address:		H Phone:	
	Work Address:		W Phone:	

18.	Name:			
	Home Address:		H Phone:	
	Work Address:		W Phone:	

19.	Name:			
	Home Address:		H Phone:	
	Work Address:		W Phone:	

20.	Name:			
	Home Address:		H Phone:	
	Work Address:		W Phone:	