Old Orchard Men's Basketball League

OOB Recreation: 934-0860
www.oobmaine.com
jwebber@oobmaine.com

- Registration limited to the first 8 teams
- Minimum of 8 players per roster, maximum of 15
- $500 per team with checks payable to: "Town of OOB"
- Outdoor games played at Memorial Park in OOB (corner of First St. & Staples St).
- Indoor games played during inclement weather at OOB HS or Loranger MS (check website for updates)
- Each team is guaranteed 9 games (7 regular season games followed by a double elimination tourney)
- Officials provided by Old Orchard Beach Recreation
- Games will be played on Mondays and Wednesdays beginning June 7th
- Each game will consist of two, 20-minute halves.
- Clock will be running time until the final 2 minutes of each half
- Teams will have 4 timeouts per game
- Technical Fouls (depending upon the severity of the incident, the director has the authority to remove any players from the gym and/or the league)
  - *1 Technical Foul = $10 Reinstatement Fee
  - *2 Technical Fouls = $25 Reinstatement Fee
  - *3 Technical Fouls = Ejected from league, Director will determine if eligible for reinstatement in the league for the following year.
- Any team receiving 5 technical fouls throughout the year will be excluded from the playoffs.
- No new players will be allowed in the playoffs.
- Players must have played in at least 2 regular season games in order to be eligible for the playoffs.
- Winning team will receive $150 gift certificate to "Jimmy the Greeks" in OOB
- **FMI Contact: 934-0860 or jwebber@oobmaine.com. For updates: www.oobmaine.com** (click

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The undersigned hereby expressly releases and holds harmless the Town of Old Orchard Beach and its agents and employees from and against any and all claims, suits, actions and damages arising out of, connected with, or resulting from my participation in the Old Orchard Beach Recreation Department 2010 Men's Basketball league. Further, I understand that there are inherent risks and dangers in participating in these programs and I accept the responsibility to provide accident insurance for myself including ambulance transportation if necessary. I understand that the Old Orchard Beach Recreation Department may take pictures and/or videos of program participants that may appear in future promotional materials.

Team Name: _____ **Captain's Home Phone #:** _____

Captain's Cell Phone #: _____ **Captain's Email:** _____

Print Name	Sign Name	Print Name	Sign Name