2025/26 Nome Basketball League
Player Contract

Team Name: _____

Division: ☐Men's A ☐Men's B ☐Women

Player Name: _____

_____

Cellphone #: _____

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Please Read Below

I agree to play for the above team in accordance with the rules and regulations of the Nome Basketball League. I have read the rules and regulations of the Nome Basketball League and understand them.

I will display good sportsmanship and will be responsible for my actions both on and off the court. I will be responsible for payment of any and all fines that I may incur through my actions both on and off the court.

I understand and accept the element of risk of physical injury through participation in the sport of basketball (including but not limited muscle sprains and strains, lacerations, concussions, trauma, etc.) I further understand that I am participating in this league at my own risk. I further understand that there is no medical insurance provided by the Nome Basketball League or the City of Nome for this program. I am aware that should I get injured I shall be fully responsible for any and all medical costs that may arise because of participation in this program.

I hereby release the Nome Basketball League, the Nome Recreation Center, the City of Nome, and their agents, employees and volunteers from any and all liability arising from any injuries sustained, directly or indirectly, from participating in the Nome Basketball League.

Player Signature: _____ Date: _____

Captain Signature: _____ Date: _____

Player Fee Paid: _____ Date: _____ NRC Staff Initial: _____

Fees: $150 IF paid before November 13th, 2025; $175 Thereafter.