

**MAYOR**  
CAROLINE SIMMONS

**DIRECTOR OF PARKS & RECREATION**  
KEVIN MURRAY

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**ASSISTANT SUPERINTENDENT OF  
RECREATION**  
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## CITY OF STAMFORD

RECREATION SERVICES DIVISION  
888 WASHINGTON BOULEVARD, 6<sup>th</sup> FLOOR  
STAMFORD, CT 06901  
977-5214, fax 977-5504

**RECREATION SUPERVISOR**  
JACK LYONS  
Tel: (203) 977-4645  
Email: [JLyons@StamfordCT.gov](mailto:JLyons@StamfordCT.gov)

[www.stamfordrecreation.com](http://www.stamfordrecreation.com)

## **Thank you for your interest in the City of Stamford Indoor Men's Basketball League**

Please review all information in this packet and submit your team's Application Agreement and Forfeit contract to

[StamfordRecreationLeagues@stamfordct.gov](mailto:StamfordRecreationLeagues@stamfordct.gov)

**Returning teams starts October 13.  
New teams starts October 19**

**\*Do not send in applications prior to dates listed above\***

Once the application and forfeit agreement are received, an invoice will be emailed to you to log in and pay online (Community Pass/Capture Point).

**Location: AITE Gym, High Ridge Road (Enter on side door to gym)**

**League Day: Thursdays  
Tentative Start Date: December 14<sup>th</sup>**

**Game Times: 6:00pm, 7:00pm, 8:00pm, 9:00pm  
\*\* Times subject to change\*\***

**Fees: Returning Team \$525  
New Team \$575**

**Referee Fee: \$40 per game, per referee**

**7 games plus top 4 make the play offs  
5v5 (8 player's minimum on roster) All players must be at least 18 years' old**

# **Men's Basketball Application Agreement**

**PLEASE FILL OUT COMPLETELY**

We, the undersigned, representing the \_\_\_\_\_ team, hereby  
(team name)

make an application for entry in the following league(s):

Fee:           **\$525**           **Returning team's Fee**  
                  **\$575**           **New team's Fee**

**\*\*Returning team is defined as a team that has participated in the same league within the past 12 months\*\***

If accepted into the league, we agree to abide by the rules and regulations as drawn up by the Stamford Recreation Services Division. **Signed: Team Manager:** \_\_\_\_\_

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*PRINT INFORMATION CLEARLY*

Team \_\_\_\_\_ (Team Manager) \_\_\_\_\_

**What league did your team play in last year** (Please include last year's team name & if the manager has changed)

Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_ Zip \_\_\_\_\_  
(If Industrial Team, Company Address)

Telephone-Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

League fee will be added to the Team manager's family account on Community Pass: Do you have an account? **Y/N**

Second Contact Person \_\_\_\_\_

Telephone- Cell \_\_\_\_\_ Email \_\_\_\_\_

Team application and Forfeit contract can be emailed to [StamfordRecreationLeagues@stamfordct.gov](mailto:StamfordRecreationLeagues@stamfordct.gov)  
**Please do not send to or CC Meg or Jack in your email**

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# FORFEIT CONTRACT

The City of Stamford has a Zero Tolerance Rule for forfeits.

**A Forfeit is defined as when a team notifies our office less than 24 hours prior to their game, that they will be forfeiting their game; shows up to the field without enough players to participate or fails to show up to a scheduled game without notice.**

**If your team forfeits in 2024 you must pay \$80 (\$40 to each referee) on the field at your next scheduled game or your team will forfeit their next scheduled game as well.**

**If a team forfeits twice from the league, they will be permanently removed.**

In consideration for playing in the league, I understand that by signing this form that I will be responsible for paying referee fee's if my team forfeits. I understand that if I do not pay the fee that my team will be removed from the league and I, as well as my teammates will be suspended until the forfeit fee is paid.

\_\_\_\_\_  
Managers Name

\_\_\_\_\_  
Team Name

\_\_\_\_\_  
Date



## **City of Stamford Recreation Services**

### **Basketball League Rules and Regulations**

**MASKS:** All players and staff are required to wear masks while in the Lathon Wider building. We ask that you respect our Staff and abide by the MASK mandate. All participants will be asked to sign the Covid Waiver and the Team roster prior to playing in the league.

**ELIGIBILITY:** To be eligible to play in any championship playoff, a player must have participated in at least 4 league games during the current Recreation Services Basketball season.

**LEAGUE FEES:** The League is set up on a self-sustaining basis and all expenses are paid from the league entry fee. Each team will be responsible for payment of operational costs, determined by the Stamford Recreation Services Division in order to participate in the League. Fee to enter the league is \$525.

**OFFICIAL FEES:** Fees must be paid to the League Director prior to the start of the Game. Fee for the officials is \$40 per team per game. Teams that forfeit must pay both officials before they participate in their next game. The \$80 fee must be paid in the office, not at the gymnasium.

**GAME RULES:** Games will be played under the current High School Basketball Federation Rules.

**Local Rules 1.** No Dunking permitted. Any player that dunks will be assessed a technical foul. **2.** Teams must be in proper uniform

**UNIFORMS:** Same color uniform shirts with numbers. No sweat pants or long pants. Must wear shorts.

**FOULS:** Five(5) personal fouls will be allowed per person. Technical fouls are included in that total. Once a player reaches five fouls, he is disqualified.

**TIME OUTS:** Teams are permitted 4 time-outs per game. It does not matter when they are used.

**BONUS:** Teams will be in the bonus(1 and 1) on the seventh foul. After 10 fouls, teams will shoot 2 foul shots for the remainder of the half.

**GAME TIME:** The game will be played in two(2) twenty minute halves. Clock is on running time, except for the last 2 minutes of each half. In the last 2 minutes, clock will stop in all dead ball situations (when the ball goes out of play, foul shots, time outs, and when the whistle blows.

**OVERTIME:** If a game is tied at the end of regulation, an OT period will occur. No game may end in a tie. The same OT format will continue until there is a winner. 4 minute OT period. First 2 minutes is running time - Last 2 minutes the clock with stop in all dead ball situations. 1 Timeout per overtime period per team

**FREE THROWS:** On Free Throws, players may enter the paint on the release of the shot, not when the ball hits the rim.

**INCLEMENT WEATHER:** If the weather is inclement and games are questionable, check the website [www.stamfordrecreation.com](http://www.stamfordrecreation.com) for inclement weather updates. Sign up for Quickscores to receive emails and text notifications. Weather hotline at 977-4641 x 31 after 3:00pm.

**FORFEITS:** Forfeit is defined as failure to provide at least 4 players at the gym at game time without notifying the Stamford Recreation Services Division at least 24 hours in advance. Team that forfeits will be responsible for paying for both referees(\$80). Team that forfeits will receive a loss in the standings.

If a team forfeits 2 scheduled league games, it will be dropped from the league, and may not be allowed to play in the next season. All wins and losses will be dropped from the standings.

**MISCONDUCT:** The Stamford Recreation Services Division shall have the absolute right to penalize and/or suspend any player either permanently or indefinitely for inappropriate conduct on the court, in the gym, on school property, or for any offense committed against a referee or league official at any time.

Any player or coach that is ejected from a game will be suspended for a minimum of one game.

The coach and/or manager is responsible to prove the eligibility of the players. Signing off on the roster stating a rostered player works at the company is the required proof.

If a team uses an ineligible player, that team will automatically forfeit all games in which the ineligible player participated. Furthermore, the Stamford Recreation Services Division may disqualify a team from league play for the remainder of the season.

**LATHON WIDER GYM:**

1. Intoxicating beverages and drugs are prohibited on all school properties, and any person under the influence of alcohol or drugs shall not be permitted in the facility
2. Teams playing the opening games at 6:15pm are not to enter the gym prior to 6:00pm and are not to take the court unless directed by the League Director and/or Custodian.

TEAM NAME \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 HOME PHONE          WORK PHONE          CELL PHONE          E-MAIL ADDRESS

I, The undersigned player, acknowledge, agree and understand that I: Voluntarily and of my own free will, elect to participate as a member of the team listed above. I understand that there are certain risks and hazards involved in participating that may result in injury or death to me or other players. I understand that playing on a hardwood court or on a field is dangerous to me and other players and may result in serious injury or death. I understand that the very nature of the game is hazardous and risky, including but not limited to, the acts of running, jumping, stretching, diving, collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players. Further, I the undersigned player agree that in consideration for the right to play as a member of the team designated above and in consideration for permission on the gym or field arranged for by the team or league, I voluntarily elect to accept and assume all risks and of injury incurred or suffered by me a.) while practicing or playing as a member of the team so designated, b) while serving in a non-playing capacity as a team member during practice or play by other teams or by players on my team, and c) while on or upon the premise of any and all of the gyms or fields arranged for by my team or league for or play. I release, discharge and agree not to sue the team and the league designated above, the gym owners or other entity designated below, the officers, agents, servants, associations, employees, or any person or entity connected with the team, league, gym, field or The City of Stamford, for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties released. I **ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.**

	PLAYERS NAME	PLAYERS SIGNATURE	INITIAL	DATE	ADDRESS/COMPANY	WORK PHONE	HOME PHONE
1							
2							
3							
4							
5							
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7							
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15							
16							

# CITY OF STAMFORD

## ADD-ON OR TAKE-OFF FORM

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### OFFICIAL PLAYER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

I, the undersigned player acknowledge, agree, and understand that: 1) Voluntarily and of my own free will, I elect to participate as a member of the team and league indicated below. 2) I understand, that there are certain risks and hazards involved in participating in including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants. Further, I agree that in consideration for the right to play as a member of the team designated below and in consideration for permission to play on the field or court arranged for by the team or league: 1) I voluntarily elect or accept and solely assume all the risk of damage, injury, including death, incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member or observer during practice or play or by other teams or by other players on my team, and while on or upon any and all of the fields arranged for by my team or league for practice or play. 2) I release, discharge and agree not to sue the team and/or league designated below or any owner of lease of the fields/courts on which the sport is played or practiced by my team, or the City of Stamford, or damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to negligence, breach of contract or wrongful conduct of the parties hereby released. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, costs including attorney fees, and cause of any action which may arise from any claim or cause of action made by me, through me or on my behalf even if the damages, injuries or death caused in whole or in part by any other parties or entities hereby released. I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE ON THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

NAME OF TEAM: \_\_\_\_\_ LEAGUE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADD: \_\_\_\_\_ (NUMBER OF PLAYERS) TAKE-OFF: \_\_\_\_\_ (NUMBER OF PLAYERS)

*By signing below, I acknowledge that I have read and agree to the provision of the waiver/release above:*

NAME & ADDRESS OF PLAYER (Print)	SIGNATURE OF PLAYER	PHONE #'S
1. _____ _____	_____	_____
2. _____ _____	_____	_____
3. _____ _____	_____	_____