

Start Date: 3/27/10
12 week session
Saturday's 1-3pm
Sunday's 12-3
(Day will depend on when
your game is scheduled)
Omitting the following-
4/3,4/4, 4/24, 4/25 ,5/9,
5/29 & 5/30

Contact People:
Jack- jackmenzies@yahoo.com
George- tyn2zaks@aol.com
Travis- xctbone@yahoo.com
Darcie- dadams@dacc.info

2010 DACC Men's League Rules and Regulations

- Register your "TEAM" by 3/20/10
- Money for each team should be given to the team captain to give in all at once. All fees should be given by the first game.
- Games will consist of four eight minute quarters, high school rules-stopping time
- Team fouls will be kept, not individuals
- Shot Clocks are functioning
- There are 2 certified referees for all games
- Each individual will have a reversible jersey
- Plan on games starting close to on time-there will be 10 minute warm up maximum
- The team that wins the championship will receive a trophy
- Teams will be seated in playoffs according to overall record
- Any ties will be decided with a head to head match with the highest ranked opponents
- Remember the importance of *sportsmanship*. Blatant disrespect of a serious nature will not be allowed!! If this takes place you will be asked to leave and sit out for the following game.

Fee Per
Player: \$85

Men's Basketball League*2010*

Duanesburg Area Community Center

221 Victoria Drive
Delanson NY 12053

Phone: 518-895-9500
Fax: 518-895-9510
Website: www.dacc.info



Registration Form

Name _____

Street Address _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____

Birth Date: _____ E-mail: _____

I do Herby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating in any DACC program. I hereby waive all claims against the DACC, its instructors, or partners of said program, individually, or otherwise, for any and all claims for injuries or damages that I might sustain. I understand that there is a risk of injury associated with participation in any DACC program and I certify that I am in good physical condition and have no disabilities that might hamper my participation.

Signed _____

Date: _____