

## Valley City Parks & Recreation Amateur Basketball Team Roster

Division: \_\_\_\_\_

City or Town \_\_\_\_\_ Team \_\_\_\_\_

Team Manager \_\_\_\_\_ Manager's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Manager's Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

*I, and all my executors, administrators hereby waive and release any and all rights and claims against the Valley City Parks & Recreation such as injuries, which may result while participating in association play and league play.*

	PLAYER'S NAME	SIGNATURE	ADDRESS	E-MAIL ADDRESS	HT	D.O.B.	AGE	REDSHIRT OR COLLEGE EXPERIENCE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

The undersigned officials certify that the above named players are eligible under the Incorporated Rules and Regulations.

\_\_\_\_\_

Signature of Team Manager or Player