

Tri-City Baptist Church Men's Basketball League

Roster/Waiver Form

Team Name: _____

Coach: _____

Captain: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

	Player Name	Player Signature	Address	Phone #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

All players must read the waiver disclosure below and sign this form prior to participating in any league or tournament.

WAIVER FOR PARTICIPATION

In consideration of your accepting my (team) entry, I hereby, for myself, my heirs, my executors, and administrators, waiver and release any and all rights and claims for damages I or my team, may have against Tri-City Baptist Church and its employees, representatives, and successors for any and all injuries suffered by myself or my team at this activity for which I am registering myself (my team).

Team Coach/Captain Signature _____ Date _____

FOR OFFICIAL USE ONLY

Date and Time Of Entry: _____

Team Fee \$ _____ Check Number _____

Registration and Team Fee Accepted By: _____

