



TEAM ROSTER

Spring 2017 Adult Basketball League

TEAM ENTRY FEE: \$750.00

Date Paid: _____

\$25 late fee after March 10

TEAM NAME: _____

If returning, Team Name last season: _____

Manager's Name: _____ Email _____

Cell Phone #: _____ (Other #) _____

Address _____

League assignments & game day preferences are subject to facility availability

League Requested: A____ B____ C____ D____ Over 35____ - Games Thursdays @ Hall Middle School,

Circle days your team **Prefers** to play: M T W Th F S Su *Larkspur* Circle days your team **Cannot** play: M T W Th F

	PLAYER NAME (Please PRINT clearly)	Email	S Su	Best Phone #
1				
2				
3				
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11				
12				
13				
14				
15				

As the authorized representative of the above named team, I certify that the information listed above is true and correct to the best of my knowledge. Any false information or misrepresentation on the above roster may result in suspension of the entire team.

MANAGER'S SIGNATURE: _____

TEAM NAME: _____

LEAGUE: _____



TEAM WAIVER Spring 2017 Adult Basketball League

HOLD HARMLESS & RELEASE AGREEMENT

The undersigned on behalf of himself/herself and on behalf of any child enrolled by the undersigned in the program, in consideration of participation in this program, hereby agrees to release, waive, discharge, indemnify and hold harmless the City of San Rafael and its officer, employees, volunteers and agents, from any and all claims, liability, cost and expense, including attorneys' fees, arising out of or in any way connected with participation by the undersigned or the enrolled child in this program, including injuries due to the active or passive negligence of the City, its officers, employees, volunteers and agents.

I HAVE READ THE ABOVE HOLD HARMLESS AND RELEASE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME RISKS FOR ANY INJURIES AND PROPERTY DAMAGE SUFFERED. I also certify that I am knowledgeable as to all rules of conduct appropriate to the above-mentioned activity. I do not have any physical illnesses, conditions, disabilities or weaknesses that would interfere with safe participation in the activity. I recognize that bodily injury and/or property damage may be sustained through participation in this activity and acknowledge that I voluntarily accept all risks of injury to persons or property.

	PLAYER NAME (Please PRINT clearly)	PLAYER SIGNATURE	DATE
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ALL PLAYERS MUST SIGN CITY HOLD HARMLESS & RELEASE AGREEMENT BEFORE PARTICIPATING