

BASKETBALL ROSTER MAY HAVE A MINIMUM OF 5 AND MAXIMUM OF 12 PLAYERS

Team rosters are due before the start of the first game. All players must be able to show picture ID at every game

Borger Community Activity Center Adult Sports Roster

Team Name _____ Sport: BASKETBALL Season: _____

Manager's Name _____ Asst. Manager _____

ALL players must print first and last name, SIGN, and date below. Printed name and date must be legible. Form must be completed in ink pen (no pencil). Players with missing or illegible information are ineligible and may not participate in the league. Players not listed on this form are ineligible and may not participate in the league. Use of an ineligible player will result in a forfeit.

Informed Consent and Release

I, the undersigned, voluntarily participating in the referenced activity, understand that such participation does not establish or imply an employer-employee or an agency relationship with the BCAC. I agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous exercise or activity and understanding this I state that I have no knowledge of any condition that would prohibit me from safely participating. Please note: The BCAC does not provide any insurance coverage of any kind, for your participation. The BCAC strongly recommends that appropriate insurance be obtained by each participant. I, the undersigned, and in the event the undersigned is under 18 years of age, the undersigned's parents or guardian, in consideration of the request and permission to participate in the referenced activity, hereby assume full responsibility for all risk of injury or loss which may result from my participation in this activity and hereby AGREE TO DEFEND, INDEMNIFY, HOLD HARMLESS, RELEASE AND FOREVER DISCHARGE the BCAC, from any and all acts of negligence and all claims and demands whatsoever, which the undersigned, any third person, or any persons acting under their behalf, have or may have against the BCAC and Frank Phillips College, by reason of any accident, illness, injury to or death of any person or persons, or damage to or loss or destruction of any property arising or resulting directly or indirectly from participation in the referenced activity and occurring during said participation, or any time subsequent thereto. The terms of this release will serve as a release and assumption of risk for my heirs, executors and administrators and for all of my family members. I grant the BCAC at its discretion and free of charge, permission to use still photography of myself or my child(ren) participating in BCAC sponsored recreation programs for the purpose of publicizing said programs. **PERMISSION FOR MEDICAL TREATMENT & TRANSPORT:** I, the undersigned, hereby grant the BCAC and agents thereof, permission to summon 911 in the event that myself or my child(ren) require advanced first aid or medical treatment. I further grant permission to transport myself or my child(ren) to a center of advanced care. I grant permission to any and all physicians, surgeons, medical personnel, and emergency medical technicians or paramedics to treat myself or my child(ren) if such treatment is reasonably required.

	Name	Jersey #	Address (include City & Zip)	Phone	DOB	Player Signature	Date
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

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