

2016-17 Hendersonville Parks  
 Grades 3<sup>rd</sup> to 8<sup>th</sup> - Open Team Basketball . Official Roster Form

TEAM: \_\_\_\_\_ DIVISION: \_\_\_\_\_ BOYS/GIRLS: \_\_\_\_\_

COACH: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

EMAIL: \_\_\_\_\_

By signing the roster below, each parent/player hereby waive all claims against the City of Hendersonville, the Parks Department, and any other personnel involved in any injury or accident while participating in this program. I also grant permission to managing personnel or other representatives to authorize and obtain medical care should the player become ill or injured when neither parent or guardian is available to grant authorization for emergency treatment. I also certify that all information on this form is true and that misrepresentation could result in suspension from the program.

| Print Player's Name | Address/City/State/Zip | School Attending | Grade | Parent/Guardian Signature (if under 18) |
|---------------------|------------------------|------------------|-------|---|
| 1                   |                        |                  |       |   |
| 2                   |                        |                  |       |   |
| 3                   |                        |                  |       |   |
| 4                   |                        |                  |       |   |
| 5                   |                        |                  |       |   |
| 6                   |                        |                  |       |   |
| 7                   |                        |                  |       |   |
| 8                   |                        |                  |       |   |
| 9                   |                        |                  |       |   |
| 10                  |                        |                  |       |   |
| 11                  |                        |                  |       |   |
| 12                  |                        |                  |       |   |
|                     |                        |                  |       |   |
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|                     |                        |                  |       |   |