

OFFICIAL BASKETBALL ROSTER

TEAM NAME _____
 MANAGER OR MINISTER _____
 SIGNATURE _____

LEAGUE _____

GYM: _____

RESIDENT TEAM _____ NON-RESIDENT _____

The following players will represent my team in the 2015-16 Adult Basketball League. These players have agreed to abide by the agreement on the reverse side of this roster, all the rules as outlined in the Constitution and By-laws governing the league, and all policies set up by the Cobb County Recreation Commission. I also understand that if this roster is found to be illegal that this team will be immediately dropped from the league with no refund.

RELEASE AND HOLD HARMLESS AGREEMENT PERMISSION TO PROVIDE EMERGENCY MEDICAL TREATMENT

Realizing the nature of this program, its physical demands and how important it is to follow rules, regulations, and instructions outlined by the staff of the Cobb County Parks, Recreation and Cultural Affairs department, I am, to the best of my knowledge, in good health and able to participate in the program. I authorize the staff of the Cobb County Parks, Recreation and Cultural Affairs Department to organize any required medical or first aid procedure, or to take the undersigned to a hospital emergency room for treatment. If any treatment is required, I understand that every effort will be made to notify the individual indicated as emergency contact beforehand by telephone.

The Undersigned hereby forever releases, discharges, and covenants to hold harmless the Cobb County Parks, Recreation and Cultural Affairs Department, the Cobb County recreation Commission, the Cobb Arts Commission, the Cobb County Board of Commissioners and Cobb County, Georgia and any other person, firm, or corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors, and assignees from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action belonging to the undersigned or arising out of any act or occurrence in connection with and particularly on account of all personal injury disability, property damage, loss of damages of any kind sustained or that may hereafter be sustained arising out of the matters described herein or in consequence of the participation in the recreation program sponsored by the Cobb County Parks, Recreation and Cultural Affairs Department. The undersigned hereby bind their heirs, administrators, executors and successors. Further, this Agreement shall apply to all unknown and unanticipated injuries and damages directly or indirectly resulting here-from. This Release and Hold Harmless Agreement shall constitute a full and complete release of any and all claims.

*** - SIGNATURE OF PARENT REQUIRED FOR PERSONS UNDER 18 YEARS OF AGE.**

JERSEY NUMBER	NAME	HOME ADDRESS (Street, City, State, Zip)	AGE	SIGNATURE
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Team Name: _____

Gym & League: _____

JERSEY NUMBER	NAME	HOME ADDRESS (Street, City, State, Zip)	AGE	SIGNATURE
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				

Team Name: _____

Gym & League: _____

JERSEY NUMBER	NAME	HOME ADDRESS (Street, City, State, Zip)	AGE	SIGNATURE
19.				
20.				
21.				
22.				
23.				
24.				
25.				

ROSTER LIMIT – 25 (USE BOTTOM 3 TO REPLACE ORIGINAL PLAYERS AFTER THE LIMIT)

1.				
2.				
3.				

***NOTE* Players must be present to be added to this roster. All players are subject to I.D. checks if requested by the Gym Supervisor.**