**OFFICIAL TEAM ROSTER FOR SUPER SIXTEEN BASKETBALL TOURNAMENT**

FULL TEAM NAME: AGE GROUP: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

CITY: STATE:  ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| JERSEY # |  PLAYER’S NAME\* | AGE | D.O.B |  HT |  SCHOOL | CURRENT GRADE  |
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I hereby certify that the members of team named above meet the age requirements stipulated by the Super Sixteen Basketball Tournament. I also certify that each of the above named players is covered by a proper accident policy of insurance. In consideration of your accepting this team roster, I hereby for myself, my team, heirs, executors, administrators, and assignees waive and release any and all damages incurred at said tournament.

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 Date Signature of Team Representative/Position with Team

 \*Please type or print names legibly so they can be correct for college coaches. Thank you!

 Please return 1-2 weeks before event or email **jwatson@allohiobasketball.8k.com** to ensure inclusion in program.

Super Sixteen roster form