

### OFFICIAL TEAM ROSTER FOR SUPER SIXTEEN BASKETBALL TOURNAMENT

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

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

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

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

JERSEY #	PLAYER'S NAME*	AGE	D.O.B	HT	SCHOOL	CURRENT GRADE

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.

\_\_\_\_\_ 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 to **roadstar2@juno.com** to ensure inclusion in program.