



Team Roster

Team Name: _____ Division/Grade: _____

Head Coach: _____ Cell Number: _____

	Jersey #	Participants Name	Date of Birth	Age	Grade	Parent Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

I the team coach, declare that the birthdates on this roster are correct. I hereby certify that the members of the team names above meet the age requirements stipulated by Mentally Fit Athletics/ Mentally Fit Foundation and that each of the above-named players are 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 rights and claims for damages that I may have against Basketball, and Mentally Fit Athletics/ Mentally Fit Foundation for any injury or damages incurred at said tournament, I understand that unsportsmanlike conduct will not be tolerated and could result in my team's dismissal from the tournament without refund. All athletes and coaches must be listed on this Team roster before participation in this tournament,

Date

Print Name OF Coach

Signature Of Coach