

**Isle of Palms Recreation Department  
2024 Spring Adult 3 on 3 Basketball League Roster**

Amount: _____
Check: _____
Date: _____
Initials: _____

**TEAM NAME:** \_\_\_\_\_

**CAPTAIN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**CELL #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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Upon acceptance of my entry, I for myself, my heirs and assigns, hereby release the sponsors, officials, city employees and volunteers of the 3 on 3 Basketball league from any and all liability arising from illness, injury or death I may suffer as a result of my participation in this league. I attest that I am physically fit and have sufficiently trained for this league, and I am aware that my participation could, in some circumstances, result in physical injury. Should officials determine that competition of this league would be injurious to my health, I consent to be removed. I also understand that the entry fee is NONREFUNDABLE.

**PLAYER NAME (print)**

**PHONE#/EMAIL**

**STREET ADDRESS / CITY/ ZIP**

**SIGNATURE**

- |    |       |       |       |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |