

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

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

TEAM NAME: _____

CAPTAIN: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

CELL #: _____

Email: _____

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. | _____ | _____ | _____ |