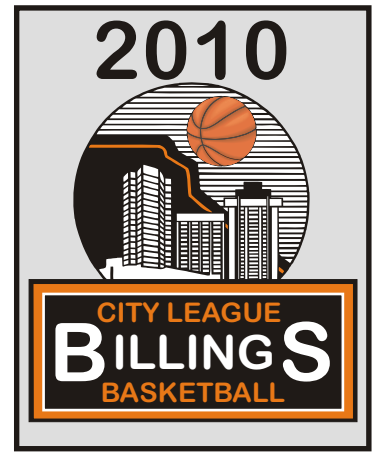


TEAM ROSTER & WAIVER



(MANAGER MUST BE A RELIABLE CONTACT)

TEAM NAME _____

DIVISION _____

TEAM MANAGER _____

ADDRESS _____

CITY _____ ZIP CODE _____

DAY PHONE _____ NIGHT PHONE _____

NOTE : MANAGER MUST REMEMBER TO SIGN WAIVER ON THE BACK.

TEAM PLAYERS

1.) _____ (NAME) _____ (SIGNATURE)
 _____ (ADDRESS) _____ (PAID CASH)
 _____ (CITY, ZIP CODE) _____ (PAID CHECK #)
 _____ (DAY PHONE AND NIGHT PHONE) _____ (PAID VISA # OR MASTERCARD #)

2.) _____ (NAME) _____ (SIGNATURE)
 _____ (ADDRESS) _____ (PAID CASH)
 _____ (CITY, ZIP CODE) _____ (PAID CHECK #)
 _____ (DAY PHONE AND NIGHT PHONE) _____ (PAID VISA # OR MASTERCARD #)

3.) _____ (NAME) _____ (SIGNATURE)
 _____ (ADDRESS) _____ (PAID CASH)
 _____ (CITY, ZIP CODE) _____ (PAID CHECK #)
 _____ (DAY PHONE AND NIGHT PHONE) _____ (PAID VISA # OR MASTERCARD #)

4.) _____ (NAME) _____ (SIGNATURE)
 _____ (ADDRESS) _____ (PAID CASH)
 _____ (CITY, ZIP CODE) _____ (PAID CHECK #)
 _____ (DAY PHONE AND NIGHT PHONE) _____ (PAID VISA # OR MASTERCARD #)

5.) _____ (NAME) _____ (SIGNATURE)
 _____ (ADDRESS) _____ (PAID CASH)
 _____ (CITY, ZIP CODE) _____ (PAID CHECK #)
 _____ (DAY PHONE AND NIGHT PHONE) _____ (PAID VISA # OR MASTERCARD #)

6.) _____ (NAME) _____ (SIGNATURE)
 _____ (ADDRESS) _____ (PAID CASH)
 _____ (CITY, ZIP CODE) _____ (PAID CHECK #)
 _____ (DAY PHONE AND NIGHT PHONE) _____ (PAID VISA # OR MASTERCARD #)

7.) _____ (NAME) _____ (SIGNATURE)
 _____ (ADDRESS) _____ (PAID CASH)
 _____ (CITY, ZIP CODE) _____ (PAID CHECK #)
 _____ (DAY PHONE AND NIGHT PHONE) _____ (PAID VISA # OR MASTERCARD #)

8.) _____ (NAME) _____ (SIGNATURE)
 _____ (ADDRESS) _____ (PAID CASH)
 _____ (CITY, ZIP CODE) _____ (PAID CHECK #)
 _____ (DAY PHONE AND NIGHT PHONE) _____ (PAID VISA # OR MASTERCARD #)

9.) _____ (NAME) _____ (SIGNATURE)
 _____ (ADDRESS) _____ (PAID CASH)
 _____ (CITY, ZIP CODE) _____ (PAID CHECK #)
 _____ (DAY PHONE AND NIGHT PHONE) _____ (PAID VISA # OR MASTERCARD #)

10.) _____ (NAME) _____ (SIGNATURE)
 _____ (ADDRESS) _____ (PAID CASH)
 _____ (CITY, ZIP CODE) _____ (PAID CHECK #)
 _____ (DAY PHONE AND NIGHT PHONE) _____ (PAID VISA # OR MASTERCARD #)

11.) _____ (NAME) _____ (SIGNATURE)
 _____ (ADDRESS) _____ (PAID CASH)
 _____ (CITY, ZIP CODE) _____ (PAID CHECK #)
 _____ (DAY PHONE AND NIGHT PHONE) _____ (PAID VISA # OR MASTERCARD #)

12.) _____ (NAME) _____ (SIGNATURE)
 _____ (ADDRESS) _____ (PAID CASH)
 _____ (CITY, ZIP CODE) _____ (PAID CHECK #)
 _____ (DAY PHONE AND NIGHT PHONE) _____ (PAID VISA # OR MASTERCARD #)

My signature on the above team roster indicates that I have read and accept the content of the following liability waiver:
 "I am hereby advised and understand that participation in the sport of basketball carries with it inherent risk of personal injury or loss, and acknowledge that the City of Billings, School District #2, Central High School, Yellowstone Boys and Girls Club do not provide any accident insurance for participants in this program. I am therefore being advised to provide my own personal health and/or accident insurance so that in the event of an injury or loss, I have some insurance coverage available to me. In consideration of your accepting my entry on this roster, I hereby for myself, my heirs, my executors, and administrators, waive and release any and all rights and claims for damages which I may have against the City of Billings, School District #2, Central High School, Yellowstone Boys and Girls Club, and its representatives, successors and assigns for any and all injuries suffered by myself through participation in this program."

I hereby certify that the above information is correct and that each player on the above roster has read the liability waiver and has personally signed their name on this roster.

_____ ***(Signature of Team Manager & Date)***