



# Cabot Parks and Recreation Adult Basketball Roster

Division: (please check) \_\_\_\_\_A \_\_\_\_\_B \_\_\_\_\_Womens

Team Name: \_\_\_\_\_

Primary Phone (cell): \_\_\_\_\_

Head Coach's Name: \_\_\_\_\_

Register: March 4th - April 8th

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

\* All players must be 18 years of age or older \*

Season to start 4/14 or 4/15 (subject to change)

	Player Last Name	First Name	Date of Birth	Age	Jersey #
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Cabot Parks and Recreation Liability Release: I hereby release and forever discharge the Cabot Parks and Recreation, the City of Cabot, and their employees from all claims, causes of action, or liability, which may exist at any time in the future, arising out of or pertaining to any injury, loss, damage, or harm of any kind which has, or will occur while participating in this tournament. I hereby grant CPR specific permission to reproduce, publish, circulate, copyright or otherwise use any and all photographs and/or videotape of me and/or my family, taken during the program, for use by Cabot Parks and Recreation. \_\_\_\_\_ (initials)

Signature: \_\_\_\_\_

OFFICE USE ONLY: Fee: \_\_\_\_\_ CASH CHECK CARD RECEIPT #: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_