Knott County Sportsplex
Basketball Roster

Team Name:	
Head Coach:	Signature:
Address:	Home Phone:
Office Phone:	Fax:
Cell Phone:	E-mail:

Head Coach:	Asst. Coach:	Score/Clock Keeper:

Jersey #	Player Name	DOB	Grade	Parent Release (Signature)

ROSTER AND PARTICIPATION AGREEMENT:

In consideration of being allowed to participate, each participant and their legal representative, waive all claims for injury, accident, or loss of any kind and hereby release Knott County Sportsplex Basketball, all tournament sites, sponsoring organizations, and their employees, members, and representatives from any claims or liability. As further consideration to participate, This agreement shall apply and extend to any and all Knott County Sportsplex Basketball January 2008 through December 2008. As Coach, I will accept full responsibility for the fans and I will be bound by the Rules and Regulations of Knott County Sportsplex Basketball.