

# Adult Basketball Team Roster

All information must be neatly printed or types. Please read roster carefully.  
Your signature is acknowledgement and agreement of the waiver below.



Team: \_\_\_\_\_ Manager: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

League Classification  
(circle one)

C      D      D-2

**Special Notes:**

- A minimum of (5) residents or (5) business sponsor employees **must** be on registration form and roster at time of registration to qualify for priority registration.
- All residents **must** be listed on the registration form and **must** have their Beverly Hills address filled in on the roster below at the time of registration to receive resident rate.
- All Beverly Hills business sponsor employees **must** be listed on the registration form and listed on the roster below at the time of registration to receive resident rate.

	Player's Name	HT	WT	Age	Address (City/Zip)	Cell Phone	Res/Bus (x)	Signature
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

I acknowledge use of this sport facility requires courtesy towards its residential neighbors and I will refrain from littering and excessive noise and abide by street parking restrictions. As participants in the Beverly Hills Adult Sports Leagues, we hereby acknowledge that our signature releases and discharges the City of Beverly Hills and all of its officers, agents, and employees from any and all liability for claims, injuries, or damage to person or property. As a team representative, I hereby certify that all of the above information is correct and in no way falsified.

Signature of Manager: \_\_\_\_\_ Date: \_\_\_\_\_