

Amount:_____
Date:_____
Initials:_____

Isle of Palms Recreation Department
2025 Fall Adult 3 on 3 Basketball League Roster

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.

<u>PLAYER NAME (print)</u>	<u>PHONE#/EMAIL</u>	<u>STREET ADDRESS / CITY/ ZIP</u>	<u>SIGNATURE</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____