Amount:_____
Check:_____
Date:_____
Initials:_____

Isle of Palms Recreation Department
2021 Spring Adult 3 on 3 Basketball League Roster

TEAM NAME: _____ **CAPTAIN:**_____

ADDRESS:_____ **CITY:**_____**ZIP:**_____

HOME #:_____**WORK #:**_____ **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.

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