2010 INDIANA GIRLS BASKETBALL USSFA SCHOOL TEAM-STATE TOURNAMENT

*** OFFICIAL TEAM ROSTER ***

TEAM NAME

_____ GRADE LEVEL _____ CLASS **"A"** _____ **"B"** _____

*** PLEASE PRINT OR TYPE *** **A team may have 15 players maximum**

Jersey #	NAME	ADDRESS	CITY	ZIP CODE	DATE OF BIRTH	HOME PHONE	SCHOOL / GRADE*

SCHOOL & GRADE -- as of February 1, 2009

Asst. Coach _____

Address/City/Zip_____

Phone # **( )** _____

Bench Personnel _____

Address/City/Zip_____

Bench Personnel _____

Address/City/Zip_____

I certify that all information is correct and each athlete listed on lines 1 through 15 comprise the Official Roster of our School team.

Coach Signature _____

Coach Name (print) _____

Address _____

City & Zip Code _____

Home # **( )** _____ Work # **( )** _____

Cell Phone **( )** _____

E-mail: _____

United States Sports & Fitness Association

2009-2010 USSFA *** OFFICIAL TEAM ROSTER *** TEAM NAME: _____

Release of Liability and Parent/Guardian Consent:

In consideration of accepting this application and for permitting the athlete to participate in activities organized by United States Sports & Fitness Association (USSFA), the athlete and parents/guardian acknowledge that such activities (games, team practice, travel tournaments and so forth) expose the athlete to the risk of injury, loss or death and the athlete and parent/guardian do hereby Release, Discharge, Hold Harmless and Agree Not to Sue or Seek Recovery from the USSFA or the directors, officers, employees, volunteers, coaches and officials of either organization, or from the facility, where the activities take place, and the employees, agents and representatives of such facility, from any such claim arising from an injury, loss or death of the athlete from such activity. This release of liability includes, but not limited to, the 2008-2009 United States Sports & Fitness Association.

Player Name	Parent/Guardian Signature
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

MAKE CHECK PAYABLE TO: **USSFA**

Mail To: **USSFA**
PO Box 39538
Indianapolis, IN 46239