AMERICAN ROUNDBALL CORPORATION - LEAGUES AND TOURNAMENTS

Below is the TEAM ROSTER of _____

Name of Team/Organization League or Tournament Division

Uniform #	NAME OF PLAYER	ADDRESS	CITY, STATE, ZIP CODE	PHONE	BIRTHDATE	SCHOOL	GRADE	E-MAIL ADDRESS

I, the team coach, declare that the birthdates, addresses, and phone numbers on this roster are correct. I hereby certify that the members of the team named above meet the age requirements stipulated by ARC, and that each of the above-named players is covered by a proper accident policy of insurance. In consideration of your accepting this TEAM ROSTER, I hereby, for myself, my team, heirs, executors, administrators and assignees, waive and release any and all rights and claims for damages I may have against American Roundball Corporation and league or tournament sponsors for any injury or damages incurred at said league or tournament. I understand that unsportsmanlike conduct will not be tolerated, and could result in my team's dismissal from the league or tournament without refund.

_____ _____

DATE Print Name of Coach or Team Representative Signature E-MAIL ADDRESS

_____

ADDRESS CITY STATE ZIP HOME PHONE FAX