## SALEM DAYS 2011



Age / Division

3on3 Basketball Tournament Official Team Roster Form And Waiver / Release of Liabilty





Team Contact Person Name

## **Team Information:**

Team Name

	Team Contact Person Email Address		Phone Tea	Team Contact Person Cell Phone (on-site phone)	
Team Contact Person Work	Phone (daytime)	Alternate Team Contact Person	on Name / Email / Phone		
**Players may sign if over the	age of 18.				
Players <b>Full</b> Name (Please Print)	Date of Birth	Email Address	Cell Phone Number	Signature of Player/Parent/Guardian **	
1	MM/DD/YYYY		( )	I have read and I understand	
2	MM/DD/YYYY		( )	I have read and I understand	
3	MM/DD/YYYY		( )	I have read and I understand	
4	MM/DD/YYYY		( )	I have read and I understand	
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eam Division will be		of players			
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