



# 2021 Youth Basketball Roster

<b>Team Name:</b>		<b>Age Group:</b>
<b>Head Coach:</b>	<b>Assistant Coach:</b>	
<b>Home Phone:</b>	<b>Home Phone:</b>	
<b>Cell Phone:</b>	<b>Cell Phone:</b>	
<b>E-Mail:</b>	<b>E-Mail:</b>	

In signing this roster, I certify that the names listed on the roster are members of the \_\_\_\_\_ team and meet eligibility requirements for participating in the league as stated in the League By-Laws. I have also read the League By-Laws, understand their purpose, and have explained our team's responsibilities to uphold these By-Laws to each coach.

\_\_\_\_\_  
Head Coach Signature

Please contact Jeremy Spain at [jspain@tcpara.org](mailto:jspain@tcpara.org) with any questions.

*Please indicate whether your team is registering for the Developmental League, Recreational League, or Competitive League.*

**Developmental**       **Recreational**       **Competitive**

**Roster #s Regulations:**

**Developmental League – (6U COED, 8U Boys & Girls) - Coaches may sign up to 2 players. The head coach and assistant can each bring 1. PARA will assign registered players bringing the roster size to a maximum of 10 players.**

**Recreational League – (10U Boys & Girls, 12U Boys & Girls) - Coaches may sign up to 8 players. PARA will provide free agents bringing the roster size to a maximum of 10 players.**

**Competitive League – Coaches may bring a roster of 10. Maximum roster is 10. If a coach provides less than 10 PARA will provide free agents bringing the roster size to a maximum of 10 players.**

TEAM \_\_\_\_\_

AGE GROUP \_\_\_\_\_

	Player's NAME (Print)	ADDRESS	PHONE#	AGE	EMAIL	Parent's Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**Signing of this Roster also indicates the team members will abide by the PARA League By-Laws and will comply with the medical release below.**

**MEDICAL RELEASE**

I hereby give my permission for the above signed to participate in this program/activity. I authorize the Tuscaloosa County Park and Recreation Authority (PARA) to obtain necessary medical care and treatment for the participant/child/ward for any illness or injury occurring during the program, but I understand that PARA is not assuming duty to obtain medical treatment, make medical decisions, or render medical care or treatment to the participant/child/ward. I understand that PARA has NO ACCIDENT or MEDICAL PAYMENT INSURANCE COVERAGE for the participant/child/ward and I agree to pay all reasonable medical costs incurred if treatment is obtained. I understand that PARA assumes no responsibility or liability for lost, stolen, or misplaced items. I release PARA and its agents, servants, and employees from all claims, actions, causes of action and rights o recovery or reimbursement of any type that I or the child/ward have or may have in the future which arise from or are related in any manner to the program/activity (including but not limited to claims of bodily injury and property damage or loss) and I assume all risks and hazards incident to such program and transportation to and from the same. I also give permission for PARA to take photographs and/or videos of/during activity for publicity use. This instrument is signed both on behalf of the individual.