

BCTC/KBA INTRAMURAL BASKETBALL LEAGUE ROSTER

League: <i>BCTC Intramurals</i>	Team Name:	Team Colors:
Team Manager Name:	Team Manager Cell #:	
BCTC Intramural Contact: Donna Murphy, Intramural Director Office: 246-6529		Address: 103J Oswald Bldg. Cooper Campus E-mail: donnalj.murphy@kctcs.edu

***For KBA: Please read and sign below:** I/WE recognize and understand that basketball is a sport involving risks not encountered in everyday play. With this understanding, in consideration of the Kentucky Basketball Academy permitting myself to participate in the sports programs, I/WE covenant and agree to indemnify and hold harmless and do release, requite and forever discharge, Kentucky Basketball Academy, its officers, coaches, referees, employees, volunteers and other such people as are connected with the league in any capacity, for any and all damages, claims, and/or liabilities arising out of any and all injury to or caused by myself. I hereby authorize any and all emergency medical treatment deemed necessary by any physician, nurse or paramedic. A copy of this authorization shall be effective as the original.*

NAME (<u>Print</u> First and Last Name)	SIGNATURE (SIGNIFIES I HAVE READ AND UNDERSTAND PARAGRAPH ABOVE)	SEX M/F	CELL #	E-MAIL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

****It is my responsibility as Team Manager to make sure the roster above is accurate and that the team is aware of the Basketball game rules.***

Team Manager Signature: _____ Date: _____