Health Unlimited Basketball League 30 and Over

Play Begins October 20th

Form to be filled out by Team Captain

Captain's Name:	Team Name					
Home Phone Number:	Email:					
Other Phone Number:						
	n Form (\$525)** to Reserve Your Teams Spot. able To Health Unlimited.					
Please Complete Tea	m Roster On Reverse Side.					
Rosters may have no more then 10 people.						
Players may not b	m roster for any reason after 10/20/2021. be on more than one roster. City Admission and Amusement Tax					
Health Unlimited Use Only:						
Membership Number: Date:						
Method of Payment: Cash Check Cree Staff Initials:	dit Card House Charge					

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Team Roster

Waiver of Liability

I, the undersigned, agree that I have inspected these premises and am aware of the risks and dangers associated with being on said premises and in engaging in physical exercise. I recognize that unexpected and unanticipated dangers may arise while on these premises and/or while participating in physical exercise and that my attendance and participation here are entirely at my own risk. As such, I, for myself, heirs, administrators, and assigns, agree to assume the risk of injury/accident and further agree to release, remiss, and discharge the owners, operators and sponsors of the premises and activities of Health Unlimited and their respective agents, servants, officers, employees and officials of and from all claims, demands, actions and causes of action, of any sort, for injuries, due to ordinary negligence or any other fault, sustained to my person or property during my presence on these premises. I further agree to be responsible for any and all damage I, or my child(ren), may cause to the premises or equipment.

Jersey # To Be Filled In by HU	Print Name	Address	Member?	Email Address	Signature: To Be Signed By Player Only After Reading Waiver of Liability Above!
	Captain Information:				

All Players Must be 30 years old by October 20, 2021