West Midland Family Center Basketball Roster

Team Name: _____ Manager Name: _____ Manager Phone: _____

I agree to play and manage with the above mentioned team for the current season in accordance with the rules of the league and WMFC. I further agree to hold harmless WMFC, its employees, officials, other players, and the board of directors and I accept all responsibility and liability that might arise out of my participation in the league. I fully understand that there is great personal risk in playing this sport and I accept all consequences that might result from my decision to play. I also agree to play and act in a sportsman-like manor and agree to be a calming influence on other team members when needed.

Player Fees: 3 on 3: $30/player

Player Information

	Name	Street	City	Zip	Email	Phone	Amount Paid	Cash/ Check	Staff Initial	Date
Manager										
2										
3										
4										
5										
6										
7										
8										
9										
10										