

US-FILIPINO BASKETBALL ASSOCIATION (USFBA)



TEAM ROSTER FORM 2

ONLY ACCREDITED PLAYERS ON THIS ROSTER WILL BE ALLOWED TO PLAY

CITY:

DIVISION:

DATE:

#	Names In Alpha Order		Uniform Number	Date of Birth			Signature of Players (Parents/Guardians If Player Is Minor)	Last Year Played At US-FBA	FOR OFFICIAL USE ONLY (2 OF 3, First 2 and Last 2 Letter/Number)					
	Last Name	First Name		Month	Day	Year			BC	PP	DL			
1									BC		PP		DL	
2									BC		PP		DL	
3									BC		PP		DL	
4									BC		PP		DL	
5									BC		PP		DL	
6									BC		PP		DL	
7									BC		PP		DL	
8									BC		PP		DL	
9									BC		PP		DL	
10									BC		PP		DL	
11									BC		PP		DL	
12									BC		PP		DL	
13									BC		PP		DL	
14									BC		PP		DL	
15									BC		PP		DL	

IMPORTANT: (1) Write name of players in alphabetical order. (2) The Seniors City Director must submit Form 2 with copies of Birth Certificate and Passport for minors, and DL for Adults, any two of the three. **MUST BE RECEIVED BY JULY 31, 2018.** (3) The Accreditation Committee has the **FINAL** say on who is eligible and qualified player.

WAIVER: In consideration of acceptance of playing in the US Filipino Basketball Association (USFBA) tournament/events and intending to be legally bound, I do hereby for myself, my heirs, administrators, representatives and assignees, waive and forever release USFBA and all its officials, organizers, volunteers and members from any claims for damages or personal injury arising from such participation and use of USFBA facilities and equipment during the said tournament/events. I accept full responsibility for all damages and loss of my personal property and effects. In the event of injury, I do give my permission and consent to authorize first aid/medical/hospital care as deemed appropriate. I have read and fully understand and agree to this waiver. I promise to comply with all the rules and regulations to the tournament: doing otherwise will subject myself and or my under age siblings to terminate participation to the said event. AS PLAYER/PARENTS/GUARDIANS of a minor participant. **I/WE** fully read and understand that full release waiver to USFBA and its officers and organizers.

CITY DIRECTOR:	PHONE NO:	COACH:
ADDRESS:		ASST COACH:
STATE:	EMAIL:	MANAGER: