



# 2023-2024 Youth Basketball Roster

<b>Team Name:</b>		<b>Grade:</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 which league your team will play in.

K-1 COED  2-3<sup>rd</sup>  4-6<sup>th</sup> Capstone  4-6<sup>th</sup> Black Warrior  7-8<sup>th</sup>

**Roster #s Regulations:**

*Futures League – K-COED & 1<sup>st</sup> Grade COED: Max 6 Roster. 2<sup>nd</sup> Boys & Girls and 3<sup>rd</sup> Boys & Girls: Preferred – 8, Max – 10 Roster*

*Capstone Conference & Black Warrior Conference – 4<sup>th</sup> Grade Boys & Girls, 5<sup>th</sup> Grade Boys & Girls and 6<sup>th</sup> Grade Boys & Girls: Numbers dictated by grading system. Prefer 8 but teams CAN have a max roster of up to 12.*

*Recreational 7/8<sup>th</sup> Grade Boys & Girls. Max 12 Roster*

TEAM \_\_\_\_\_

GRADE \_\_\_\_\_

	Player's NAME (Print)	ADDRESS	PHONE#	AGE	EMAIL	Parent's Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

**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.