

Bethany United Methodist Church

Leisure Ministries
Men's Basketball League
2004-2005 Team Roster

Church Name _____ Team Name _____

Church Address _____ Minister's name _____

City / State / Zip _____ Church phone _____

I plan to participate in the Bethany United Methodist Church Men's Basketball League. I accept the responsibility for all injuries that I may receive while participating in this league. I understand that Bethany United Methodist Church does not have insurance coverage for me and that I am personally responsible for my injuries.

	Print Name	Age	Phone #	Signature	Church Attends
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____

I verify (by signing below) that I have read the guidelines for the Men's Basketball League and that the players listed are authorized to represent this church.

_____ Team captain's name _____ Team captain's signature _____ Date
Rev. 9/29/04