



Parks and Recreation Department

Men's 4 on 4 Basketball League

Wednesday Evenings/Nights

VMRC Gymnasium

Note: By signing this, I release any and all claims for liability which may arise. I understand that injuries may occur, and that the City of Garner, the Garner Parks and Recreation Department, the Veterans Memorial Recreation Center, and any employees and volunteers are not responsible for these injuries whether through their negligence or otherwise. I further agree to waive and relinquish all claims I may have as a result of participating in this program/activity against the City of Garner, the Garner Parks and Recreation Department, the Veterans Memorial Recreation Center, including its officials, agents, volunteers, and employees.

Note: As team captain, I am aware that players can only play on one team (exceptions in the league rules) and that the below information is correct to the best of my knowledge.

Team Name:

Team Captain:

	Name	Phone Number	Birthdate (mm/dd/yyyy)	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				