

**North Dakota Amateur Basketball
Incorporated Team Roster • 2024-2025**

Division: _____

City or Town _____

Team _____

Team Manager _____ Manager's Address _____

City _____ State _____ Zip _____

Manager's Home Phone _____ Work Phone _____

E-Mail Address _____

I, and all my executors, administrators hereby waive and release any and all rights and claims against the North Dakota Amateur Basketball organization and the Bismarck Parks and Recreation District such as injuries, which may result while participating in association play and league play.

	PLAYER'S NAME	SIGNATURE	ADDRESS	HT	DOB	AGE	REDSHIRT OR COLLEGE EXPERIENCE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

"Pick-up Players" (for State Tournament only). Must be approved by local league representative.

Return on or before **Nov. 27, 2024** to:
Bismarck Parks and Recreation District
400 E. Front Ave. • Bismarck, ND 58504

The undersigned officials certify that the above-named players are eligible under the Incorporated Rules and Regulations.

Signature of Team Manager or Player