

**ATTACHMENT H-2: OFFICIAL GENERAL RELEASE AGREEMENT FORM
PEE WEE, PONY, JUNIOR VARSITY & VARSITY**

PLAYER'S NAME: _____
(Print full name)

CHURCH NAME: _____
(Print full name of church)

TEAM NAME: _____

I/we hereby acknowledge that I/we are fully aware of the risks involved in exercising and participating in team sports. I/we further acknowledge that I/we are under no obligation to take part in this activity.

By signing this agreement, I/we release the following entities, along with its governments, members, officers, officials, and any and all affiliated organizations from liability and responsibility whatsoever due to harm, accident, injury, or acute illness that may arise during the course of my participation in any and all basketball related activities including traveling to and from the games.

1. The Metropolitan Area Adventist Basketball Association (MAABA);
2. The Allegheny East Conference of Seventh-day Adventists;
3. The Potomac Conference of Seventh-day Adventists;
4. The Columbia Union Conference of Seventh-day Adventists;
5. The General Conference of Seventh-day Adventists;
6. The Montgomery County Public School System & Interagency Coordination Board;
7. The Prince George's County Public School System;
8. Maryland-National Capitol Park & Planning Commission (M-NCPPC); and
9. The above name sponsoring church or entity.

By signing my name and dating this form, I/we hereby acknowledge that I/we have read the above statement and understand and agree with its contents and provisions.

Signature of Player:

Date:

Signature of Parent/Guardian

Date:

Signature of Witness/Coach:

Date:

ATTACHMENT B-4: OFFICIAL VARSITY BASKETBALL TEAM ROSTER
20__ - 20__ Season

CHURCH: _____

TEAM NAME: _____ TEAM COLORS: _____

COACH NAME: _____ TELEPHONE #: _____

CELLPHONE #: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

ASST. COACH: _____ TELEPHONE #: _____

CELLPHONE #: _____

PLAYERS:	AGE:		AGE:
1. _____	_____	9. _____	_____
2. _____	_____	10. _____	_____
3. _____	_____	11. _____	_____
4. _____	_____	12. _____	_____
5. _____	_____	13. _____	_____
6. _____	_____	14. _____	_____
7. _____	_____	15. _____	_____
8. _____	_____		

PLEASE NOTE: The Varsity participant must be no older than eighteen (18) by December 31st of the current basketball season. It is the coach's responsibility to verify all ages. **Please PRINT or TYPE each individual name.**

APPROVED:

Pastor's Signature:

Date:

() _____
Telephone Number:

Coach's Signature:

Date:

MAABA Commissioner's Signature:

Date:

ATTACHMENT B-5: OFFICIAL JUNIOR VARSITY BASKETBALL TEAM ROSTER
20____ - 20____ Season

CHURCH: _____

TEAM NAME: _____ TEAM COLORS: _____

COACH NAME: _____ TELEPHONE #: _____

CELLPHONE #: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

ASST. COACH: _____ TELEPHONE #: _____

CELLPHONE #: _____

PLAYERS:	AGE:		AGE:
1. _____	_____	9.	_____
2. _____	_____	10.	_____
3. _____	_____	11.	_____
4. _____	_____	12.	_____
5. _____	_____	13.	_____
6. _____	_____	14.	_____
7. _____	_____	15.	_____
8. _____	_____		

PLEASE NOTE: The Junior Varsity participant must be no older than fifteen (15) by December 31st of the current basketball season. It is the coach's responsibility to verify all ages. **Please PRINT or TYPE each individual name.**

APPROVED:

 Pastor's Signature:

 Date:

() _____
 Telephone Number:

 Coach's Signature:

 Date:

 MAABA Commissioner's Signature:

 Date:

ATTACHMENT B-6: OFFICIAL PONY BASKETBALL TEAM ROSTER
20__ - 20__ Season

CHURCH: _____

TEAM NAME: _____ TEAM COLORS: _____

COACH NAME: _____ TELEPHONE #: _____
CELLPHONE #: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

ASST. COACH: _____ TELEPHONE #: _____

CELLPHONE #: _____

PLAYERS:	AGE:		AGE:
1. _____	_____	11. _____	_____
2. _____	_____	12. _____	_____
3. _____	_____	13. _____	_____
4. _____	_____	14. _____	_____
5. _____	_____	15. _____	_____
6. _____	_____	16. _____	_____
7. _____	_____	17. _____	_____
8. _____	_____	18. _____	_____
9. _____	_____	19. _____	_____
10. _____	_____	20. _____	_____

PLEASE NOTE: The Pony participant must be no older than twelve (12) by December 31st of the current basketball season. It is the coach's responsibility to verify all ages. **Please PRINT or TYPE each individual name.**

APPROVED:

Pastor's Signature:

Date:

() _____
Telephone Number:

Coach's Signature:

Date:

MAABA Commissioner's Signature:

Date:

ATTACHMENT G: OFFICIAL CHEERLEADER'S ROSTER

20 ____ - 20 ____

CHURCH: _____

TEAM NAME: _____

CAPTAIN'S NAME: _____

TELEPHONE #: _____

ASST CAPT: _____

TELEPHONE #: _____

CHEERLEADER'S NAME (PRINT or TYPE ONLY):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

PLEASE NOTE: If your team has more than 8 cheerleaders, only the first 10 cheerleaders (including the 2 captains) at the game will be admitted free.

APPROVED:

Pastor's Signature:

Commissioner's Signature:

Date:

Date:

ATTACHMENT D: OFFICIAL NOTIFICATION OF CHANGE IN ROSTER

PLEASE NOTE: No changes may be made to any rosters after the 4th week of the season. Hardship cases will be reviewed by the MAABA Board of Directors.

DATE: _____

Dear Commissioner:

Please add/drop the following individuals(s) from the 20__ - 20__ team roster of the:

(Name of the Church)

ADD/DROP:	PLAYER'S NAME:	PLAYER'S SIGNATURE: (Required for Adults players only)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sincerely,

Signature of Coach

Date:

APPROVED:

MAABA Commissioner's Signature:

Date:

PLEASE NOTE: After the Commissioner's approval, a copy of this form will be affixed to the team's roster and scorebook, and will be available at each game.

**ATTACHMENT H-1: OFFICIAL GENERAL RELEASE AGREEMENT FORM
ADULT MEN & LADIES**

PLAYER'S NAME: _____
(Print full name)

CHURCH NAME: _____
(Print full name of church)

TEAM NAME: _____
(Print name of team)

I hereby acknowledge that I am fully aware of the risks involved in exercising and participating in team sports. I further acknowledge that I am under no obligation to take part in this activity.

By signing this agreement, I release the following entities, along with its governments, members, officers, officials, and any and all affiliated organizations from liability and responsibility whatsoever due to harm, accident, injury, or acute illness that may arise during the course of my participation in any and all basketball related activities including traveling to and from the games.

4. The Metropolitan Area Adventist Basketball Association (MAABA);
5. The Allegheny East Conference of Seventh-day Adventists;
6. The Potomac Conference of Seventh-day Adventists;
7. The Columbia Union Conference of Seventh-day Adventists;
8. The General Conference of Seventh-day Adventists;
9. The Montgomery County Public School System & Interagency Coordination Board;
10. The Prince George's County Public School System
11. Maryland-National Capitol Park & Planning Commission (M-NCPPC); and
12. The above name sponsoring church or entity.

By signing my name and dating this form, I hereby acknowledge that I have read the above statement and understand and agree with its contents and provisions.

Signature of Player:

Date:

Signature of Witness/Coach:

Date:

ATTACHMENT B-2: OFFICIAL ADULT MEN BASKETBALL TEAM ROSTER
20__ - 20__ Season

CHURCH: _____

TEAM NAME: _____ TEAM COLORS: _____

CELLPHONE #: _____

COACH NAME: _____ TELEPHONE #: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

ASST. COACH: _____ CELLPHONE #: _____

TELEPHONE #: _____

PLAYERS:

1. _____ 9. _____

2. _____ 10. _____

3. _____ 11. _____

4. _____ 12. _____

5. _____ 13. _____

6. _____ 14. _____

7. _____ 15. _____

8. _____

Each team roster is permitted to have only two non-Adventist participants. These individuals must be noted with an asterisk (*) by their names. An Adventist individual who is not a member of your church must be noted by double asterisk (**). **Please PRINT or TYPE each individual name.**

Note to the Pastor: A letter from the MAABA Commissioner should accompany this team roster. Please review this information before signing this roster. **THANK YOU.**

APPROVED:

Pastor's Signature:

Date:

() _____
Telephone Number:

Coach's Signature:

Date:

MAABA Commissioner's Signature:

Date: