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TEAM: \_\_\_\_\_ LEAGUE: \_\_\_\_\_

CATEGORY: \_\_\_\_\_ DIVISION: \_\_\_\_\_

<b>TEAM CONTACT:</b> _____	<b>EMAIL:</b> _____	<b>FEES PAID:</b> _____	<b>RECEIPT#:</b> _____	<b>Received On:</b> _____
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PLAYERS AND PLAYING COACHES

	AGE			FIRST NAME	LAST NAME	M/F	ADDRESS, CITY	EMAIL ADDRESS	POSTAL CODE	PHONE NUMBER	PLAYERS OR PARENTS (Minor) SIGNATURE	S.B.A. APPROVAL
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PLEASE ENSURE FORM IS COMPLETELY FILLED OUT WITH SIGNATURES

I/We the undersigned hereby agree to play for the above mentioned club and no other until properly released in accordance with SBA Bylaws. I/We hereby agree to abide by all rules and regulations of the SBA. I hereby for myself, my heirs, executors, administrators and sponsors, waive and release any and all rights and claims that I may have or that might arise against the Provincial Association sponsors, agents or representatives for any and all injuries or losses suffered by me while competing in or in connection with the programs of said association. I hereby consent to the use of my personal information provided on this form by the SBA for registration, insurance, and team contact purposes; all information that I have provided will remain confidential. **Changes to a roster after this form is submitted require completion of a Membership Amendment Form.**

N.C.C.P. #	COACH/MANAGERS SURNAME	M/F	FIRST NAME	ADDRESS	CITY/TOWN	POSTAL CODE	PHONE NUMBERS	COACH/MANAGERS SIGNATURE
	COACH						h) w)	
	COACH						h) w)	
	MANAGER						h) w)	