

**BEST Christian Athletic Association**

**Team Roster**

Member Name	
Age Group	
Head Coach	
Head Coach Phone #	

Player Name	Birthday	School	Grade
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

As a representative of the BCAA Board of Directors, I the undersigned do affirm that the above information is true and correct.

\_\_\_\_\_  
**Member Director's Signature**

\_\_\_\_\_  
**Member Certification Signature**

**BEST Christian Athletic Association**

**Player Affidavit**

Player's Name	
Player's Address	
City/Zip	
Home Phone	
School	
Grade	
Age as of October 1	

**Photo**

Parent/Guardian \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Head Coach \_\_\_\_\_ Head Coach's Signature \_\_\_\_\_

Age Group \_\_\_\_\_ Team Name \_\_\_\_\_ Member Name \_\_\_\_\_

- Parent/Guardian signature agrees to indemnify and hold harmless the BCAA, its Officers, Members, Administrative Staff, Employees, Ministerial Staff, Sponsors, Facility Owners and/or operators from claims, demands and judgments arising at any time your child/children are participating and/or traveling to participate in BCAA Basketball Program. I understand that injuries do occur while participating in basketball practices and games. Further, I hereby grant full permission to presenters of the program to use any photograph, videotape, DVD recording, or any other record of events for any purpose.
- Parent/Guardian signature below attest your agreement to adhere to all the rules and regulations of the facilities events are held and that you have read this Player Affidavit form and grant full permission for your child/children to participate in the BCAA Basketball Program.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_