



Adult Basketball

League _____ Winter 2025-2026

***CAPTAINS:** I HEREBY ACCEPT FULL RESPONSIBILITY FOR THE CONDUCT OF ALL INDIVIDUALS ON THIS ROSTER CONNECTED WITH THIS TEAM IN THE FARGO PARK DISTRICT LEAGUES.

Captain's Name _____

Team Name _____

WAIVER: THE UNDERSIGNED PARTICIPANTS in consideration for the Fargo Park District providing facilities, equipment, and supervision in this activity for which he/she has registered does hereby: 1. Assume all risks and responsibility of possible damage or injury involved through participation in this program. I understand I am to furnish my own insurance in case of injury. 2. I certify that I am in good health and capable of participating in this activity. 3. I agree to indemnify and hold harmless the Fargo Park District from liability resulting from my participation in this program. 4. I understand that all players signed below are 16 years or older for Fargo Park District Adult Programs.

	NAME	EMAIL ADDRESS	CELL PHONE #	SIGNATURE
1.				
2.				
3.				
4.				
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7.				
8.				
9.				
10.				
11.				
12.				
13.				

***PLEASE TURN ROSTER IN TO SCOREKEEPER AT YOUR FIRST SCHEDULED GAME!**