



FILIPINO BASKETBALL ASSOCIATION NORTH AMERICA

# Team Roster Form [ Form 2 ]

City  Division  Date { m / d / yyyy }

**Only Accredited Players On This Roster Will Be Allowed To Play**

#	Name of Players ( Alphabetical Order )		Uniform Number	Date of Birth			Signature of Players (Parents/Guardians If Player is Minor)	Last Year Played at FBANA	For Official Use Only (2 of 3, First 2 and Last 2 Letter/Number)				
	Last Name	First Name		Month	Day	Year							
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

**IMPORTANT:** [ 1 ] Write the name of the players in alphabetical order. [ 2 ] Each player must bring one original government issued ID present during the tournament for auditing purposes. Failure to provide during the tournament will disqualify that said player to participate until the documents can be provided. Documents honoured will include passports / drivers license / health-card ( picture ) / birth certificate with accompanying picture ID. The Team Manager must submit this form to [info@fbana.ca](mailto:info@fbana.ca)

**Deadline for submission of Form 2 - July 21 / 2024** [ 3 ] The Accreditation Committee has the **FINAL** say on who is eligible and qualified player.

**WAIVER:** In consideration of acceptance for playing in the Filipino Basketball Association - North America (FBANA) tournaments/events and intending to be legally bound, I do hereby for myself, my heirs, administrators, representatives and assignees, waive and forever release FBANA and all its officials, organizers, volunteers, and members from any claims for damages or personal injury arising from such participation and use of FBANA facilities and equipments during the said tournaments/events. I accept full responsibility for all damages and loss of my personal property and effects. In the event of injury, I do give my permission and consent to authorize first aid/medical/hospital care as deemed appropriate. I have read and fully understand and agree to this waiver. I promise to comply with all the rules and regulations of the tournament; doing otherwise will subject myself and/or my under- age siblings to terminate participation to the said event. As PLAYER/PARENTS/GUARDIANS of a minor participant, I/WE fully read and understand the full release waiver to FBANA and its officers and organizers.

Team Manager	<input type="text"/>	Phone No.	<input type="text"/>	Coach	<input type="text"/>	Notes
Address	<input type="text"/>			Asst. Coach	<input type="text"/>	
Prov./State	<input type="checkbox"/> Canada <input type="checkbox"/> USA	Email	<input type="text"/>	Manager	<input type="text"/>	