



## Player Eligibility and Information Form

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Please print Month, date and year

Farmland Basketball League team: \_\_\_\_\_

The player above has permanent residence at the following address:

\_\_\_\_\_  
\_\_\_\_\_

which is located in the school district of:

\_\_\_\_\_  
Name of high school

To be completed by  
Team Manager:  
This player: (mark one)  
 Is an in-district  
player  
  
 Will count as an  
Exception Player, ac-  
cording to rule 10-1-C  
of the FBL constitution

Player graduated from: \_\_\_\_\_ in \_\_\_\_\_  
Name of high school Year of high school graduation

Player height: \_\_\_\_\_

We the undersigned do verify that the above information is accurate and true, and realize that provid-  
ing false information or using an ineligible player will result in loss of a team's forfeit fees and ineligibility in the  
FBL playoffs according to the FBL constitution.

Signed: \_\_\_\_\_  
Player Date Team Manager's Signature

### Liability waiver:

As a participant in the Farmland Basketball League, I recognize and acknowledge that there are risks of physical injury and/or death which could occur from my participation in the league. I fully understand the nature and extent of all these risks. For and in consideration of my being permitted to participate in the Farmland Basketball League, I agree to assume full risk of any injury, damage or loss which I may sustain as a result of participation in this program and any activities in connection with the program.

I hereby agree to waive and relinquish all claims, which I have, or may have, against Farmland Basketball League, its officers, officials, or agents, the organizations and/or schools who own the gymnasiums FBL games are played in, their officers, agents, servants and employees, as a result of my participation in the Farmland Basketball League.

In case I am injured or become ill, I consent to emergency medical care being provided to me. I have carefully read this waiver and I fully understand all parts of it.

Player's signature: \_\_\_\_\_ Date: \_\_\_\_\_