



**DIRK & COLT ROSS MEMORIAL BASKETBALL TOURNAMENT
OFFICIAL TOURNAMENT ROSTER**

Team Name _____ **Team Manager** _____

Work Phone # _____ **Home Phone #** _____

Contact Email _____

I, the undersigned, state that I will not hold the Dirk & Colt Ross Memorial Basketball Tournament, the Ross Family, the Pagosa Springs School District, or the Pagosa Springs Recreation Department or any of their employees and/or volunteers responsible for any injury or accident that may occur to me or to my family members whether supervised or unsupervised while I participate in this competitive tournament. I am also aware that the tournament director and the Dirk & Colt Ross Memorial Tournament Committee have the right to revoke my playing privileges due to my misconduct. By signing below, I certify that I have read all the rules, regulations and eligibility information and further certify that I understand them and accept them as stated. The Tournament Committee retains the right to add, amend, alter or delete rules, regulations, or eligibility requirements as it deems necessary.

Division Requested: _____ **Open** _____ **6' & Under** _____ **35 yr & Older**

	Players Name (Print)	Address	Phone #	Signature	Height
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**BRING ROSTER WITH YOU TO YOUR 1ST GAME.
AFTER THE 1ST GAME, IT WIL BE YOUR OFFICAL ROSTER.**