Naval Support Activity Mid-South
2015 Intramural Racquetball League
Team Roster

Team Name __________________________________________

Team Coach ____________________________ Asst Coach __________________________
Home Phone ____________________________ Home Phone __________________________
Work Phone ____________________________ Work Phone __________________________
Email ____________________________ __________________________
Command Contact________________________ Phone Number __________________________

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<tr>
<th>Print Name</th>
<th>Rank</th>
<th>Code/Dept.</th>
<th>AD/Ret/Dep/DoD</th>
<th>Waiver Signature</th>
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Affiliation Key: Active Duty = AD, Dependent = DEP and Civil Service or Contractor = DOD
*Rank = ETCS, PS1, LCDR, etc.
*Teams have a MAX of 3 members

As a Captain of this team, I have read the sport’s bylaws and policies and I am familiar with the NSA Mid-South Instruction 1710.1D and I agree to abide by them. I understand that I will be held fully responsible for the eligibility and sportsmanship of ALL members of my team. I will adhere to all Intramural Sports and base regulations. All players must be 18 years of age or older and have a valid Military/Government/CAC ID card to be eligible for participation in the league and must present it at all games.matches as requested. If a player does not have a valid ID at a scheduled game, he or she will not be allowed to participate. Captains should ensure that their players are valid and prepared at ALL times to provide valid ID cards.

Coach or Captain’s Signature: ____________________________ Date: ____________

Participant Waiver
The participant hereby waives, releases and indemnifies Naval Support Activity Mid-South, the MWR department and MWR employees of all responsibilities and liabilities resulting from participation in any MWR program. This includes all damages, costs, fees, loss, injury, or death sustained by the participant. Participation in MWR programs is elective and purely recreational in nature, so participants take part at their own risk. MWR strongly recommends that each participant consult his or her healthcare provider prior to program registration to ensure their physical preparedness for strenuous athletic activity. The participant does hereby assume all risks and hazards associated with participation in all MWR programs. The participant waives the rights to all photographic materials taken by authorized MWR employees, agrees that they are property of MWR and that all images can be used and published without prior approval from the participant.

For More Information, Contact:
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