

2011 CINCINNATI BOUNCE SPORTS ASSOCIATION, LLC

ROSTER FORM

Team Name:

Coach Name:

Phone:

Player Name	Parent Signature	Date of Signature
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		
11. _____		
12. _____		

**This roster must be completed by the head coach and given to a CINCINNATI BOUNCE SPORTS ASSOCIATION, LLC Representative by November 4, 2011.**

**By signing this as a parent/legal guardian you are releasing The Sphere, anyone associated with The Sphere, Cincinnati Bounce Sports Association, LLC and anyone associated with the Cincinnati Bounce Sports Association, LLC FROM ANY LIABILITY for injury or loss attained by my child while participating in this tournament. By signing this I will hold The Sphere and Cincinnati Bounce Sports Association, LLC HARMLESS from any claim.**