

North Dakota Amateur Basketball Incorporated
Team Roster • 2025-2026

Division: _____

City or Town _____ Team _____

Team Manager _____ Manager's Address _____

City _____ State _____ Zip _____

Manager's Home Phone _____ Work Phone _____

E-Mail Address _____

I, and all my executors, administrators hereby waive and release any and all rights and claims against the Minot Recreation Commission and the North Dakota Amateur Basketball organization such as injuries, which may result while participating in association play and league play.

	PLAYER'S NAME	SIGNATURE	ADDRESS	E-MAIL ADDRESS	HT	D.O.B.	AGE	REDSHIRT OR COLLEGE EXPERIENCE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
"Pick-up Players" (for State Tournament only). Must be approved by local league representative.								

The undersigned officials certify that the above named players are eligible under the Incorporated Rules and Regulations.

Signature of Team Manager or Player

