



Maine Senior Games Basketball Roster

Team Coach/Captain _____

Email _____ **Cell #** _____

2nd Team Contact Name _____

2nd Team Contact Cell # _____

Age division 45-49 50-54 55-59 60-64

65-69 70-74 75-79 80-84

Team Gender Male Female

Each athlete and coach on a team must turn in a properly completed and signed athlete waiver

Player #	Player Name	Date of Birth	Waiver Signed
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Women's teams please return this completed form to Deb Smith, N2Ldeb@yahoo.com

Men's teams please return this completed form to Chris Esch, chris.esch@sesengineering.us

Please return on or before September 1, 2024