

Hoops on Wheels 2025

PLAYER CARD



Name: _____
Team Name: _____ **T-Shirt Size** _____
Address: _____

Email: _____ **Phone Number:** _____

GSIL has permission to publish all or any parts of photographs, video and audio of me for use in professional publications.

I acknowledge that neither NHTI as part of the Community College System of NH nor GSIL, nor any director, officer or employee or other representative of GSIL shall be responsible for any injuries, damages or losses caused to me in connection with this wheelchair basketball tournament.

Signature: _____ **Date:** _____

