



TEAM ROSTER & LIABILITY RELEASE FORM

SESSION: _____

TEAM NAME: _____

HEAD COACH: _____ EMAIL: _____ CELL PHONE: _____

ASSISTANT COACH: _____ EMAIL: _____ CELL PHONE: _____

	SHIRT NO.	PLAYER'S LAST NAME	PLAYER'S FIRST NAME	DATE OF BIRTH	GRADE	HOMETOWN	PARENT'S SIGNATURE (Accepting waiver and verifying information to be accurate)
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WAIVER: I hereby give my permission and approval for myself/my child to participate in this High Hoops LLC program. I assume all risks and hazards incidental to such participation, and hereby release High Hoops LLC, its employees and agents from any and all liability arising from injury or injuries sustained by myself/my child while participating in High Hoops LLC leagues and/or tournaments. High Hoops LLC assumes no responsibility for any damage to or loss of any personal or team property.

I hereby authorize the directors and employees of High Hoops LLC to obtain medical care for injuries and illness that might affect myself/my child or that might occur during High Hoops LLC activities. I further direct all medical or hospital facilities to accept this document as authorization to render emergency care to myself/my child should it be deemed medically necessary. By signing, I assure that I have read and understand the above stated liability waiver.

Coach's signature (Accepting waiver and verifying information to be accurate): _____ Date: _____