

Roster/Insurance/Waiver Form-2017

Team Name:

Tournament:

Division (circle one): 4th / 5th / 6th / 7th / 8th / HS / 10U / 11U / 12U / 13U / 14U

Gender: BOYS or GIRLS

Level of Competition: GOLD or REGULAR

Cell Phone:

Work Phone:

Home Phone:

Email Address:

	First Name	Last Name	Jersey #	DOB	Grade	School	Parent/Coach Signature
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Coach							
Coach							

*I am the parent/legal guardian of the player listed to the left of my signature. I acknowledge that the player could suffer injury by participating in this tournament. However, I consent to his/her involvement in this tournament. The player has adequate personal health/injury insurance. I waive any claim against the Swoosh Basketball Organization/Paradise Sportainment, Inc./Michael P. Alexander if the player is injured while participating in this tournament activity and I will hold them harmless from liability for such injury. This roster should be submitted ASAP for entry into the tournament program. This waiver is effective until August 31, 2017.

Make Money Orders/Cashier's Checks (NO CHECKS) Payable to:

SWOOSH BASKETBALL

Mail Money Order/Cashier's Check and Registration form to:

**Swoosh Basketball
P.O. Box 2686
Orcutt, Ca 93457**

