JBB Spring Shootout

Roster & Liability Waiver February 23, 2025

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Team Name Coaches Name		City	Grade _	Gender
		Phone #	Email	
participating ch Shootout Tourn Rivers Activity while participat Please have	ure that all parents/guardians have signerally by my signature I herby give my permanent and do release Jamestown Bask Center/TRAC and all those associated wing in the event. roster typed or printed legibly a ment, not the day of tourname	mission for him/her to participal etball Boosters, University of Ja vith this event from any liability and email to itownblueja	e in the Jamestown Bas amestown, Jamestown F for injuries which may o	sketball Boosters Spring Public Schools, Two ccur to the said child
	Child's Name (print)	Parent's Sig	nature	Phone Number
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