TEAM ROSTER

Team Name: **BOYS / GIRLS** **Grade Division:**

Coach Name: **Phone Number:**

Email:

Parents: Please sign on behalf of your child under the age of 18
By signing this form, I agree to abide by the ***Release and Waiver of Liability*** statement below

Jersey #	Player Name	Grade	DOB	Parent Signature (*Required)

Release and Waiver of Liability

I agree to follow all the policies of Cage Fieldhouse and Cage Sports Basketball. In consideration of being allowed to participate in activities at Cage Fieldhouse Community Center, I agree to release and hold harmless Cage Sports Basketball and its owners, employees and subcontractors providing services to Cage Sports Basketball, from all liability, damage or injury, including death, to the "Player" noted above, whether caused by negligence or otherwise. I understand that Cage Sports Basketball, its owners, employees and subcontractors providing services to Cage Sports Basketball, are not responsible for the personal property of "Player", lost or stolen. I, individually and/or on behalf of my minor child/children, assume all responsibility for any risk, injury, damage or death to me or my child while on the property of Cage Fieldhouse.

Coach's Signature: **Date:**