

TEAM NAME: _____ **DIVISION:** _____ **Boys/Girls**

ROSTER INFORMATION

Player _____ Num ____ Parent Signature _____

Player _____ Num ____ Parent Signature _____

Player _____ Num ____ Parent Signature _____

Player _____ Num ____ Parent Signature _____

Player _____ Num ____ Parent Signature _____

Player _____ Num ____ Parent Signature _____

Player _____ Num ____ Parent Signature _____

Player _____ Num ____ Parent Signature _____

Player _____ Num ____ Parent Signature _____

Player _____ Num ____ Parent Signature _____

Player _____ Num ____ Parent Signature _____

Insurance & Liability Disclaimer

PARENTS AND COACHES - While using St. Helens School District facilities and in consideration of the above-named athlete's participation in the Volcano Classic Youth Basketball Tournament, the registered team coaches, athlete and his or her parent/legal guardian contractually waive and release any and all rights and claims for damages and/or injuries we may have against St. Helens School District, St. Helens Hoops, St. Helens Hoops board members, coaches, assistant coaches, or referees for any and all damages and/or injuries suffered by St. Helens Hoops, St. Helens Hoops coaches, myself or my child during the Volcano Classic Youth Basketball Tournament.

We further agree to indemnify, defend and hold harmless St. Helens School District and its officers, agents, and employees against all liability, loss and costs arising from actions, suits, claims or demands for the acts or omissions of St. Helens Hoops during the Volcano Classic Youth Basketball Tournament, and St. Helens Hoops coaches, players, parents, officers, agents, referees and employees, arising out of St. Helens Hoops utilization of St. Helens School Districts facilities for the Volcano Classic Youth Basketball Tournament.

SIGNED _____ (Head Coach) Date _____

(Teams cannot play until Insurance & Liability Disclaimer is signed by the head coach and all parents of participants)