

# All Day Hoops Basketball League

Team Name: \_\_\_\_\_ Division: \_\_\_\_\_

Coach: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

I, the undersigned, on behalf of myself, my executors, and assignees, hereby waive and release All Day Hoops, the Summit Tennis & Athletic Club/Regency Tennis Club., and all of its employees and officers from any and all obligations and liabilities which may result from my and/or my child's use of the facilities and programs of the Summit Tennis & Athletic Club.

	Player Name	Jersey #	Age	Grade	Email	Parent/Guardian Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Coaches Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Assistant Coaches Signature: \_\_\_\_\_

Date: \_\_\_\_\_