National Championship Official Team Roster

Team Name_____Boys or Girls:_____Grade:_____

Head Coach Name: _____ Cell:_____ E-mail:_____

Asst Coach Name: _____ Cell:_____ E-mail:_____

Waiver of Claims: I, as Coach, hereby give permission for my players to participate in the Alodia Basketball Academy and Premier Basketball event and acknowledge the fact that they are physically able to participate in these activities. I hereby authorize the directors and instructors of Alodia Basketball Academy and Premier Basketball to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I or our team will be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my players. I hereby waive any claim I may have against Alodia Basketball Academy and Premier Basketball and the organization providing the facilities. I further herby authorize any photos of my players to be used for any and all publicity and marketing purposes, as deemed appropriate by Alodia Basketball Academy and Premier Basketball.

Acknowledgement of Rules & Eligibility: I have read and have complete understanding of the event rules and code of conduct and agree to have my team follow these during the event. I represent that this team's players are all eligible to play with their grade division. I will always have complete grade documentation available for review.

Coach's signature:_____Date:_____

#	Player's Name	Grade (2019-20)	Birth Date and Year