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 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 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 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.

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 (2020-21)	Birth Date and Year