2019 West Side Youth Basketball Ball Drop Shootout Tournament

Roster Release Form

Team _____ Grade_____ Coach _____ High School Feeding Into _____

Coaches Cell # _____ Alternative Cell #_____ E-mail Address _____

All information on this Roster Release Form must be accurate and signed properly. It releases WSYB, the EVSC, the MSD of North Posey County, the tourney directors, the officials, tourney workers, coaches, and all participants from liability in the case of injury. We agree to abide by all rules as established by tournament officials to govern the tournament both on and off the court.

I / We hereby acknowledge, recognize and accept the inherent risk of bodily injury, disability, paralysis and/or death to my/our children / guardians that exist as a result of their participation in any athletic endeavor, and specifically, by their athletic participation in athletic endeavors offered or hosted by West Side Youth Basketball. As such, we do hereby agree to save, hold harmless West Side Youth Basketball, their coaches, agents, employees, officers or volunteers or entities on behalf of West Side Youth Basketball for any bodily injury, disability, paralysis, and/or death that we or our Children/guardian may sustain as a result of participation the 2017-18 Ball Drop Basketball Tournament.

In the event that I / We or my / our child(ren) / guardian suffer some form of injury or illness which requires immediate medical treatment, I / We hereby consent to and authorize the administration of such first aid / or medical treatment to myself / ourselves and or my / our child(ren) / guardian by coaches, agents, employees, officers or volunteers and other individuals or entities operating on behalf of West Side Youth Basketball that are trained to administer such first aid and/or medical treatment. I / We do further consent to and authorize coaches, agents, employees, officers or volunteers and other individuals or entities operating on behalf of West Side Youth Basketball to arrange for ambulance transportation for an appropriate medical facility for me / us and/or child(ren) / guardian.

_____ _____ _____ _____

High School Coach/Administrator Signature Date Coach's Signature Date

#	Player Name	School Attending	Home Address	Parent Signature