

MOREY COURTS TOURNAMENT ROSTER FORM

EVENT PARTICIPANT WAIVER

EVENT NUMBER: _____ EVENT: _____ EVENT DATE: _____ TEAM NAME: _____

EVENT TYPE: WOMEN__ MEN__ GIRLS__ BOYS__ AGE GROUP: _____ SKILL LEVEL: ELITE__ COMPETITIVE__ DEVELOPMENTAL__

All information must be provided for all team participants. **All minors must have a parent/guardian's signature to participate.**

PARTICIPANTS	Jersey Number	NAME	ADDRESS	CITY, STATE & ZIP	Email*	Telephone	D.O.B.	Grade in 2008/2009	Participant Signature	Parent Signature

All information must be provided for coaching staff members.

COACHES	NAME	ADDRESS	CITY, STATE & ZIP	Email*	Telephone	Coach's Signature**

*By providing your email address, you are agreeing to the Morey Courts Privacy Policy available at www.moreycourts.com and you will be automatically added to our email list. We will not sell or share your contact info to anyone.

** By signing the above roster form, the participants and or legal guardians full acknowledge and understand the risks and hazards of personal injury, including death or loss of property that may arise through participation in any sports activity including risks or hazards that arise from transportation to and from events, and said participants assume all risks associated with their participation. By signing above, said participants agree to release and hold harmless Morey Courts/Championship Sports/Central Michigan Community Hospital and its employees from all liability in the event of injuries or aggravated physical conditions sustained during, or as a result of, their participation. It is recommended that all participants consult a medical doctor prior to participation.