Elementary School Team League Roster Form

Team Name:	Grade:
Contact:	Cell Number:
e-mail:	

Roster

No.	Player Name	Age	Birth Date	Grade 2019-2020	Parent/Guardian Signature

Medical Waiver and Release of Liability (This form must be signed by the parent/guardian of each player if under 18 years of age or the player if over 18 years of age before player is eligible to participate in league)I, the above signed, hereby authorize any first aid, medication, medical treatment or surgery deemed necessary in case of an emergency for the above player during the league play at the MidAmerica Sports Center. I, the above signed, in consideration of the players participation at the MidAmerica Sports Center, intending to be legally bound, do hereby ourselves, executors, and administrators waive, release, and forever discharge any and all rights and claims for damages, including any claims for loss, damages or injury to our persons or property arising out of the above player's performance or failure of performance from the MidAmerica Sports Center, their agents, representatives, successors and assigns.

As Coach/Team Representative of the _____

(Team Name)

I certify that the information within is correct to the best of my knowledge. I understand that should a protest arise concerning the eligibility of any players participating on my team, that it will be necessary that proper documentation (i.e. birth certificates, report cards) be made available verifying the player's eligibility in the grade/age group in which the player is participating. It is understood that should any of my players be found ineligible, that all games will be forfeited in which that player has participated and that the player will not be allowed to continue participating in the league.

Print Name: _____

Signature: _____ Date: _____

Mail Registration & Entry Fee (Payable to MidAmerica Sports Center) to:

MidAmerica Sports Center
1906 Watterson Trail
Louisville, KY 40299
Attn: Fred Hale