

East End Elementary Basketball & Cheerleading Roster

Grade:

School:

	Contact:		Cell N	umber:	
Ī	e-mail:				
-		Ros	ster		
0.	Player/Cheerleader Name	Age	Birth Date	Grade	Parent/Guardian Signature
	Medical Waiver and Release of Liability (This form mustif over 18 years of age before player is eligible to partic treatment or surgery deemed necessary in case of an ent, the above signed, in consideration of the players par ourselves, executors, and administrators waive, release, for loss, damages or injury to our persons or propert MidAmerica Sports Center, their agents, representatives As Coach/Team Representative of the	ipate in league) nergency for the ticipation at the and forever dis y arising out o s, successors and (Tean the best of my	I, the above signature of the Above player of MidAmerica charge any and for the above platassigns. In Name (Name)	gned, hereby autho during the league p Sports Center, into I all rights and clai ayer's performance	rize any first aid, medication, medical lay at the MidAmerica Sports Center. ending to be legally bound, do hereby tims for damages, including any claims to or failure of performance from the transport of the t
	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:		I	Date:	