

2014-2015 Northern Indiana Basketball League School Team

Official Team Roster

Team Name _____

Grade Level _____

Registration Fee: Players \$9.00 each and Coach or Bench Personnel-\$5.00 each

Please Print Legibly or TYPE

DUE BY November 14th for 3rd-6th Grade Warm- Up League or January 9th for Regular Season

PARENT CONSENT ON BACK-Parent Signature is

February 13th for 7th-8th Grade League

Required

[illegible]

*School and Grade as of October 1, 2014

Asst. Coach _____

Address/City/Zip _____

Phone _____

Email

Asst. Coach _____

Address/City/Zip _____

Phone _____

Email

Coach Signature _____

Coach Name _____

Address

Home # Cell #

Email

RELEASE OF LIABILITY -- READ BEFORE SIGNING

PRINT ONE OF THESE FORMS FOR EACH INDIVIDUAL PLAYER

In consideration of being allowed to participate in any way in the Northeast Corner Basketball League OR Northern Indiana Basketball League program, its related events and activities, I, _____, (name of participant) the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE Northeast Corner Basketball League OR Northern Indiana Basketball League, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT , FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x _____ Age: ____ Date Signed: _____
PARTICIPANT'S SIGNATURE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

x _____ Date Signed: _____
PARENT/GUARDIAN'S SIGNATURE (print name)