



2017 MINNESOTA YOUTH BASKETBALL ASSOCIATION STATE CHAMPIONSHIPS PLAYER WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION AGREEMENT AND OFFICIAL TEAM ROSTER



(To Be Entered All Must Be Filled Out)

Team Name: _____ **Grade:** 4th 5th 6th 7th 8th 9th **Gender:** Boys Girls

Division Designation: A B C **Email:** _____

Team Coach: _____ **Phone Cell** (_____) _____ **Alt** (_____) _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

PLAYER STATEMENT: Each player shall read the following statement before signing the roster. I am a member in good standing of the above team and I am eligible under local sports community and MSF eligibility rules to compete with this team in local sports community and MSF tournament play. I understand that my signature may appear on only one tournament roster in the same age division. I agree to abide by the rules and regulations established for local and MSF play.

HOLD HARMLESS WAIVER OF LIABILITY: I, the undersigned player, acknowledge, agree and understand that: 1. Voluntarily and of my own free will, I elect to participate as a member of the basketball team indicated above. 2. I understand that there are certain risks and hazards involved in participating in basketball that may result in injury or death to me or other players, including, but not limited to those hazards associated with playing conditions, equipment and other participants. 3. I understand that the very nature of the game of basketball is hazardous and risky, including, but not limited to, the acts of running, jumping, stretching, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players. Further, I, the undersigned player, agree that in consideration for the right to play as a member of the team designated above and in consideration for permission to play on the courts arranged for by the team: 1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by both players on my team, and (c) while on or upon the premises of any and all of the courts arranged for by my team for practice or play. 2. I release, discharge and agree not to sue the team designated above, the facility owner or other entity designated above, the Minnesota Sports Federation, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, Minnesota Sports Federation for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

Print or Type Player's Name	Parent's or Legal Guardian's Signature	Residence Address	City	Zip	School	Grade in School	Birth date M / D / Y	Uniform Number
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2.								
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15.								

Statement of Team Coach: I hereby verify that each player appearing on this tournament roster qualifies under the eligibility rules outlined in the MSF program guide. I understand that a violation of MSF eligibility rules will result in automatic disqualification of the team and may result in probation and/or suspension of our sports community from future MSF participation.

Team Coach's Signature

IMPORTANT: After completing this roster, make several copies for your files.

* TEAM COACH CHECKLIST FOR TOURNAMENT PLAY *

- * Signatures of all players and parents/guardians must be on this official tournament
- * Players appearing on this official tournament roster shall be prepared to prove their eligibility upon request of an MSF tournament representative.
- * Age/grade verification requirements can be found in current Youth Basketball Guidebook

All of the above requirements must be met at team check-in and throughout tournament play