

Vision Basketball Academy - Roster Form

Team Name _____ Division _____

Manager's Name _____ Email _____ Phone Number _____

Asst. Coach's Name _____ Email _____ Phone Number _____

	NAME	AGE	DOB	BIRTH CERTIFICATE	
1				YES	NO
2				YES	NO
3				YES	NO
4				YES	NO
5				YES	NO
6				YES	NO
7				YES	NO
8				YES	NO
9				YES	NO
10				YES	NO
11				YES	NO
12				YES	NO
13				YES	NO
14				YES	NO
15				YES	NO



www.visionbasketball.org

I hereby waive, release and discharge any and all claims for damages for the personal injury, death, or property damage which I may have, or which hereafter accrue to me or my child, as a result of participation in basketball practices and/or basketball competitions in all its forms. The release is intended to discharge in advance, the organization (Vision Basketball Academy), its coaches or volunteers from any and all liability arising out of or in any way connected with my participation in said activity. Its understood that the activity involves an element of risk and danger of accidents and knowing those risks, I assume those risks. It is further agreed that this waiver, release, and assumption of risk, is to be binding on my heirs and assigns. I agree to indemnify and to hold the Vision Basketball Academy, all persons and entities associated with the (Vision Basketball Academy), free and harmless from any loss, liability, damage, cost or expense, in which they may incur as a result of death, injury or property of damage that I may sustain while participating. I also give the AAU team (Vision Basketball Academy), its coaches or volunteers the right to copyright and/or publish, reproduce, or otherwise use my child's name, voice, and likeness and/or photographs, and audiovisual recordings that include my child for instruction, advertising, program website, publications or brochures, or any other lawful purpose whatsoever. I hereby agree to relinquish all rights, title and interest I may have in the finished product and waive all rights to any compensation thereof.

By signing this document, I agree that all of the above information has been filled out accurately and understand that any deceitful, dishonest or false information may cause my team to forfeit a game or tournament.

Manager's Signature _____ Date _____

Asst. Coach's Signature _____ Date _____