



Team Participation Waiver Form 2010 CyFair Invitational Tournament

Coaches Name: _____ Asst. Coach Name: _____

Team Name: _____ Email: _____

Mobile #: _____ Work #: _____

Coaches Signature: _____

OFFICIAL INJURY / CONSENT FOR TREATMENT OF A MINOR WAIVER

I (we) recognize the possibility of physical injury associated with the sport of basketball/volleyball/speed handball. I (we) release the facilities where games are played and the employees of League of America LLC, included but not limited to the contractors, staff, coaches, volunteers, appointed representatives, successors, the school districts from any and all liabilities, claims, damages, and expenses, whether known or unknown, sustained by the player or by the undersigned which in any way arise out of, or are connected with or relate to the participation by the player in any activity (including without limitation transportation to and from activities) organized by or in any way associated with the League America LLC youth recreation leagues. I, the Coach hereby acknowledge that the following named child is covered by medical insurance. I, the undersigned, as the Coach, take hereby authority to act on behalf of the team member in the case of any emergency requiring medical attention.

Players Name (Print Clearly)	Coach/Parent/Guardian Signature
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2.	
3.	
4.	
5.	
6.	
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10.	
11.	
12.	