

Focus Basketball

TEAM ROSTER



Team Name: _____ **Division/Grade:** _____ **Head Coach:** _____ **Head Coach Phone #:** _____
Assistant Coach: _____ **Assistant Coach #:** _____ **Email Address:** _____

Jersey #	Participants Name	Date of Birth	Age	Grade	Boys/Girls	Parent Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

I am the parent/legal guardian of the player listed to the left of my signature. I acknowledge that the player could suffer injury by participating in this Tournament. However, I consent to his/her involvement in this Tournament. The player has adequate personal health/injury insurance. I waive any claim against the Focus Basketball Organization/Keith Cash/league directors if the player is injured while participating in this Tournament activity and I will hold them harmless from liability for such injury. This roster should be submitted ASAP for entry into the Tournament program. This waiver is effective until August 31, 2024.

Print Name of Coach _____ **Signature of Coach** _____

Date _____