GENESEE FIELDHOUSE TEAM WAVIER/ROSTER FORM

AGREEMENT: I the parent/legal guardian/participant understand that enrolling for a GENESEE FIELDHOUSE league/camp/clinic/practice time are enrolling at his/her/my own risk. GENESEE FIELDHOUSE, its owners, employees, agents, contractors shall not be liable for any damage whatsoever involving personal injury or property that is lost, stolen, or damaged by participant and his/her/my family in or about any programs in the facility. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she/I do or does hereby fully release and forever release, discharge and hold harmless GENESEE FIELDHOUSE, all its owners, employees, agents, contractors from any and all claims, demands, damages, rights of action, present or future resulting or arising out of any person's participation in any programs or use of the facility. Inaddition, he/she/I agree(s) to follow the rules of play and conduct set by GENESEE FIELDHOUSE. He/she/I understand that failure to follow set rules may result ins suspension from participation.

CONSENT: I, the parent of/ guardian of/ participant hereby verify that are in good health and assume the health responsibility for the participant and do hereby grant authority to the staff of GENESEE FIELDHOUSE to render judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I hereby authorize GENESEE FIELDHOUSE and its assigns to utilize any and all photographs, pictures or other likeness of me as they deem appropriate in its promotional materials.

appropriate in its promotional materials.	
1. PLAYERS NAME:	9. PLAYERS NAME:
ADDRESS:	ADDRESS:
CITY:ZIP:	CITY:ZIP:
PHONE:DOB:	PHONE:DOB:
EMAIL:	EMAIL:
PARENTS SIGNATURE:	PARENTS SIGNATURE:
2. PLAYERS NAME:	10. PLAYERS NAME:
ADDRESS:	ADDRESS:
CITY:ZIP:	CITY:ZIP:
PHONE:DOB:	PHONE:DOB:
EMAIL:	EMAIL:
PARENTS SIGNATURE:	PARENTS SIGNATURE:
3. PLAYERS NAME:	11. PLAYERS NAME:
ADDRESS:	ADDRESS:
CITY: ZIP:	CITY:ZIP:
PHONE:DOB:	PHONE: DOB:
EMAIL:	EMAIL:
PARENTS SIGNATURE:	PARENTS SIGNATURE:
4. PLAYERS NAME:	12. PLAYERS NAME:
ADDRESS:	ADDRESS:
CITY: ZIP:	CITY: ZIP:
PHONE: DOB:	
	PHONE:DOB:
EMAIL:	EMAIL:
PARENTS SIGNATURE:	PARENTS SIGNATURE:
5. PLAYERS NAME:	13. PLAYERS NAME:
ADDRESS:	ADDRESS:
ADDRESS: CITY:ZIP:	ADDRESS:ZIP:
ADDRESS:	ADDRESS:
ADDRESS: CITY:ZIP:	ADDRESS:ZIP:
ADDRESS: CITY: ZIP: PHONE: DOB:	ADDRESS:
ADDRESS:	ADDRESS: CITY: PHONE: DOB: EMAIL:
ADDRESS:	ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE:
ADDRESS:	ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE:
ADDRESS:	ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE:
ADDRESS:	ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 14. PLAYERS NAME: ADDRESS:
ADDRESS:	ADDRESS: CITY: ZIP: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 14. PLAYERS NAME: ADDRESS: CITY: ZIP:
ADDRESS:	ADDRESS: CITY: ZIP: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 14. PLAYERS NAME: ADDRESS: CITY: ZIP: PHONE: DOB:
ADDRESS: CITY:	ADDRESS: CITY: ZIP: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 14. PLAYERS NAME: ADDRESS: CITY: ZIP: PHONE: DOB: EMAIL:
ADDRESS: CITY:	ADDRESS: CITY: ZIP: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 14. PLAYERS NAME: ADDRESS: CITY: ZIP: PHONE: DOB: EMAIL:
ADDRESS: CITY:	ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 14. PLAYERS NAME: ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 15. PLAYERS NAME: ADDRESS: CITY: ADDRESS: CITY: ADDRESS: DOB: EMAIL: PARENTS SIGNATURE:
ADDRESS: CITY:	ADDRESS: CITY: ZIP: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 14. PLAYERS NAME: ADDRESS: CITY: ZIP: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 15. PLAYERS NAME:
ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 6. PLAYERS NAME: ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 7. PLAYERS NAME: ADDRESS: ADDRESS:	ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 14. PLAYERS NAME: ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 15. PLAYERS NAME: ADDRESS: CITY: ADDRESS: CITY: ADDRESS: DOB: EMAIL: PARENTS SIGNATURE:
ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 6. PLAYERS NAME: ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 7. PLAYERS NAME: ADDRESS: CITY: CITY: DOB: EMAIL: PARENTS SIGNATURE: 7. PLAYERS NAME: ADDRESS: CITY: ZIP:	ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 14. PLAYERS NAME: ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 15. PLAYERS NAME: ADDRESS: CITY: 2IP: DOB: EMAIL: PARENTS SIGNATURE: 15. PLAYERS NAME: ADDRESS: CITY: ZIP: JOB: ZIP:
ADDRESS: CITY:	ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 14. PLAYERS NAME: ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 15. PLAYERS NAME: ADDRESS: CITY: DOB: EMAIL: PARENTS SIGNATURE: 15. PLAYERS NAME: ADDRESS: CITY: DOB:
ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 6. PLAYERS NAME: ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 7. PLAYERS NAME: ADDRESS: CITY: DOB: EMAIL: PARENTS SIGNATURE: 7. PLAYERS NAME: ADDRESS: CITY: DOB: EMAIL: DOB: EMAIL: DOB: EMAIL: DOB: EMAIL: PHONE: DOB: DOB: EMAIL:	ADDRESS: CITY:
ADDRESS: CITY:	ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 14. PLAYERS NAME: ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 15. PLAYERS NAME: ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 16. PLAYERS NAME: ADDRESS: CITY: ADDRESS: CITY: DOB: EMAIL: PARENTS SIGNATURE: DOB: EMAIL: PARENTS SIGNATURE:
ADDRESS: CITY:	ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 14. PLAYERS NAME: ADDRESS: CITY: PHONE: PARENTS SIGNATURE: 15. PLAYERS NAME: ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 16. PLAYERS NAME: 17. PLAYERS NAME: DOB: EMAIL: PARENTS SIGNATURE: 18. PLAYERS NAME: 19. PLAYERS NAME: DOB: EMAIL: PARENTS SIGNATURE:
ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 6. PLAYERS NAME: ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 7. PLAYERS NAME: ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 8. PLAYERS NAME: ADDRESS: ADDRESS: BOB: EMAIL: PARENTS SIGNATURE: 8. PLAYERS NAME: ADDRESS: BOB: EMAIL: PARENTS SIGNATURE: 8. PLAYERS NAME: ADDRESS:	ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 14. PLAYERS NAME: ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 15. PLAYERS NAME: ADDRESS: CITY: DOB: EMAIL: PARENTS SIGNATURE: 16. PLAYERS NAME: ADDRESS: CITY: DOB: EMAIL: PARENTS SIGNATURE:
ADDRESS: CITY:	ADDRESS: CITY:
ADDRESS: CITY:	ADDRESS: CITY:
ADDRESS: CITY:	ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 14. PLAYERS NAME: ADDRESS: CITY: PHONE: ADDRESS: CITY: TIP: PHONE: ADDRESS: CITY: PHONE: DOB: EMAIL: PARENTS SIGNATURE: 16. PLAYERS NAME: ADDRESS: CITY: PARENTS SIGNATURE: 16. PLAYERS NAME: ADDRESS: CITY: DOB: EMAIL: PARENTS SIGNATURE: 16. PLAYERS NAME: ADDRESS: CITY: PHONE: DOB: EMAIL: DOB: EMAIL: DOB: EMAIL: DOB: EMAIL: DOB: EMAIL: DOB:
ADDRESS: CITY:	ADDRESS: CITY: