

City of Tallmadge Youth Basketball Team Roster

Age Group/Division: _____

Boys OR Girls

Year: _____

Coach Name	Team Name
Address	City/State/Zip
Home Phone	Cell Phone
Email Address	Team Shirt Color

PLEASE PRINT CLEARLY

Player's Name	Address	City/Zip	DOB	Primary Phone	Parent's Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Coach #1: _____ Coach #2 _____ Coach #3 _____

Waiver and Release of Liability

I/We, the parent/guardians of the below named child, in consideration of permission granted to above named by the City of Tallmadge to participate in sports program, practice and league play, hereby release and discharge the City of Tallmadge; Tallmadge School, their agents, employees and officers from all claims, demands, actions, judgments and executions which the undersigned ever had, or now has, or may ever have or which the above signed heirs, executors, administrators and assigns may have against the City of Tallmadge or the Tallmadge School Board and all personal injuries, known or unknown, and injuries to property real or personal, caused by, or arising out of the above described sports activities. The above signed, parent or guardian expressly acknowledges that they are aware that no medical insurance coverage for the above named will be provided or offered by the City of Tallmadge or the Tallmadge School district. We the above signed, have read this release and understand all its' terms. By signing above, applicant warrants that he/she is authorized to give permission for images to be used by The City of Tallmadge for newspaper advertising, grant proposals, official web sites, and other public uses. For youth leagues, the above signed parent or guardian acknowledges that we have received, read and/or watched videos pertaining to Ohio's Return to Play Law: What Parents and Guardians Need to Know concussion information sheet, Sudden Cardiac Arrest and Lindsay's Law Information for the Youth Athlete and Parent/Guardian and Ohio's Department of Health: Lindsay's Law video. We execute it voluntarily and with full knowledge of its significance. In witness hereof, we have executed this release at Tallmadge, Ohio on the day and year written above.

I hereby certify that all signatures and birthdates are true and correct

Coach's Signature

Date

THIS FORM MUST BE COMPLETED AND TURNED IN PRIOR TO YOUR FIRST GAME. YOU MAY FAX THIS ROSTER TO 330-633-7727, ATTN: RANDY KEEN