

BARBERTON YOUTH LEAGUE

Team Name					Age Division			
Name		Street Address		City	Zip	Home Number		Cell Phone
Head Coach								
Contact Email Address								
Asst. Coach								
Asst. Coach								
#	Name	Pos	Street Address	City	Zip	Phone Number	PARENT/GUARDIAN SIGNATURE- ACKNOWLEDGING ACCEPTANCE OF WAIVER BELOW	
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I, we, the parents or guardians of the child names at the left, fully understand that he/she will be participating in activities that involve risk of serious injury, permanent disability and/or death resulting from their own actions, inactions, or negligence and/or from the actions, inactions or negligence of others, the rules of play, the conditions of the premises or the conditions of any equipment used. In consideration of being allowed to participate in the Barberton Youth Basketball League and related activities, I/we release, waive, discharge and covenant not to sue Barberton Local Schools, its officers, agents coaches, employees, volunteers or sponsors and any volunteers, or owners and lessees of premises used to conduct the program event(s) from any and all liability including but not limited to any claims, demands, losses or damages on account of injury, death or damage to property, caused or alleged to be caused in whole or part by the negligence of Barberton Youth Basketball, Barberton Schools or otherwise.