



TEAM ROSTER

Team Name: _____ BOYS / GIRLS Grade Division: _____

Coach Name: _____ Phone Number: _____

Email: _____

Parents: Please sign on behalf of your child under the age of 18
By signing this form, I agree to abide by the ***Release and Waiver of Liability*** statement below

Jersey #	Player Name	Grade	DOB	Parent Signature (*Required)

Release and Waiver of Liability

I agree to follow all the policies of CAGE Fieldhouse Community Center and CAGE Sports Club. In consideration of being allowed to participate in activities at CAGE Fieldhouse Community Center, I agree to release and hold harmless CAGE Sports Club, and its owners, employees and subcontractors providing services to CAGE Sports Club, from all liability, damage or injury, including death, to the "Player" noted above, whether caused by negligence or otherwise. I understand that CAGE Sports Club, its owners, employees and subcontractors providing services to CAGE Sports Club, are not responsible for the personal property of "Player", lost or stolen. I, individually and/or on behalf of my minor child/children, assume all responsibility for any risk, injury, damage or death to me or my child while on the property of Cage Fieldhouse Community Center.

Coach's Signature: _____ Date: _____