Winter 2022 Basketball League Roster

Team Name: _____

Division: 3rd Girls 3rd Boys 4th Girls 4th Boys

Head Coach Name: _____ Email:_____

Head Coach Cell# : _____

Player Name	Grade	Parent Signature for Liabilty Waiver Below:	Parent Name Printed

Liability Waiver (parent signature needed above)

I understand that my participation is entirely by my own choice and with the understanding of risk or accidental injuries involved in any fitness activity and with the club. I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST NORTH DODGE ATHLETIC CLUB AND ITS AFFILIATED PARTNERS AND SPONSORS, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS (THE "RELEASED PARTIES"), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREINAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION OR ATTENDANCE WITH THE ACTIVITY.

For NDAC staff use only:

Payment Recieved Date: _____

Payment Amount: _____

Ref # on Check _____

Please attach receipt or copy of check to this form