C.Y.B.A. Official Roster/Waiver

CYBA Phone
616-862-4667 or
866-794-SLAM

Please Print All Information Clearly:

Team Name: _____ **Head Coach's Name:** _____

Address: _____ **City:** _____ **St** _____ **Zip** _____

Phone: (H) _____ **(Wk)** _____ **Fax:** _____ **E Mail:** _____

Asst. Coach's Name: _____ **Phone:** _____ **E Mail:** _____

_____ Girls Team
_____ Boys Team

Age Division:

_____

Event Date: _____

Permission and Liability Waiver

I give permission to my son/daughter to participate in the activity or event organized by Community Youth Basketball Association (CYBA). I further understand that participation is such activities may cause injury to my son/daughter just by the nature of the activity. As a parent whose signature is below, I take full responsibility for any injuries suffered by my son/daughter and will hold CYBA, Hoop City Basketball, LLC, Hoop City Jenison Partnership, the partners of such, and the CYBA director and all event staff harmless for any injury, loss or damage. I further assure that my son/daughter has no health problems that would prevent them from full participation in the activities involved in the event they are registering for. I am solely responsible for their safety and have fully inspected the facilities used by Hoop City to host such activities. I take responsibility for monitoring their physical condition during such activities, even though I might not be in attendance.

I also fully release CYBA, Hoop City Basketball, LLC, Hoop City Jenison Partnership, the partners of such, and the CYBA director and all event staff, officers, agents, coaches, partners and any representatives of any liability, loss, or legal action and further agree that this applies to my heirs, assigns and persons acting on my behalf, including a coach, parent, or guardian. I have checked the capabilities and background of the individuals participating as coaches or instructors of the activities my son/daughter have participated in and fully release CYBA, Hoop City Basketball, LLC, Hoop City Jenison Partnership, the partners of such, and the CYBA director and all event staff, its sponsors, staff , instructors, officers, agents, partners and any representatives of any liability, loss, or legal action associated with that coach, coaches, or instructors. I have read and fully understand the above Permission and Liability Waiver and agree to abide by it.

Name (LAST NAME, FIRST)	E-Mail address	City	Zip	Birthday	Grade	Parent Signature
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The information above is true and correct and that the parents understand the liability involved:

Coaches Signature: _____ **Assistant Coach:** _____