

HCA YB ROSTER AND PERMISSION TO TREAT WAIVER

By signing the roster, parent(s) give the coach and/or HCA YB representative "permission to treat" if there is an injury to player.

Team Name:
Grade Division:

Coach:
Skill Level:

Coach Phone:

Team Roster:

#	Player Name	Grade	Birthdate	**Parent's Signature

**Signatures required as waiver form, please read: LEGAL DISCLAIMER: This must be signed by a parent or legal guardian before participation will be allowed. I understand that the American Youth Basketball TOUR insurance is supplementary to my health insurance and there is a deductible amount should the American Youth Basketball TOUR insurance is needed. Further, I hereby release the sponsors, the American Youth Basketball TOUR, its officers, directors, employees, and all facility owners for damages or injuries incurred while my son/daughter participates in TOUR activities. I certify that my son/daughter is in good health and can participate in all physical activities. Should an injury occur, I agree to allow him/her to be treated by a licensed physician or paramedic.