

TEAM WAIVER FORM 2010 WINTER LEAGUE

**Jersey Shore Athletic Group, Inc
1148 Citta Court, Toms River NJ**

All players must sign below to be eligible to play in this league. All minors (17 years and younger) will need to complete Minor Waiver Form to be signed by their parents or guardian.

TEAM NAME: _____ **TEAM NO.** _____

By signing my name below, I declare that I am participating in this basketball league voluntarily. I further state that the JSAG and the owners of REBOUNDS are not and will not be liable for any injuries sustained during my participation in this tournament. In the event that I will require medical attention during the games, the league is limited to providing basic first aid only. Any further medical need will be my responsibility.

PRINT FULL NAME & SIGNATURE

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____

TEAM CONTACT PERSON NO. 1

TEAM CONTACT PERSON NO. 2

Name / Cell Number / Email

Name / Cell Number / Email