

Warhawk Classic

Team Roster/Waiver

Team Name: _____

Grade: _____

Coach's Name #1: _____

Coach's Name #2: _____

I, the undersigned as parent(s) or guardian(s), verify that the participant(s) listed below are in good health and able to fully participate in all events and activities related to West Fork Schools. West Fork School and all affiliated entities and agents, including but not limited to the West Fork Booster Club, West Fork School District, Tournament Coordinators, Managers and Officials are exempt from all liability claims for injury, illness or disability that might be incurred during or as a result of the basketball tournament my child is participating in.

Player Name	DOB	Grade	Jersey #	Parent/Guardian Signature

