Official Injury Waiver Sheet

Team: _____

Head Coach: _____

Age Group: ☐ 15 & Under ☐ 16 & Under ☐ 17 & Under ☐ 18 & Under

I (we) recognize the possibility of physical injury associated with the sport of basketball. I (we) release the Houston Elite and their officers, directors, coaches, employees, agents, volunteers, sponsors, participating athletes, other parents, representatives and successors, and the schools, school districts, colleges or universities, religious organizations and other owners of the facilities where the games are played and their employees (all the foregoing are collectively referred to herein as the Houston Elite parties), from any and all liabilities, claims, damages and expense, whether known or unknown, sustained by the Player or by the undersigned which in any way arise out of, or connected with or related to participation by the Player in any activity (including without limitation transportation to and from activities) organized by or in any way associated with the Houston Elite.

Players Name	Number	Parents(s) Signature	Date

CLUB NAME_____ **TEAM NAME** _____

☐ 15 & Under ☐ 16 & Under ☐ 17 & Under ☐ 18 & Under

				Res. Tele.	
Head Coach	**Address**	**City/State**	**Zip Code**	**Bus. Tele.**	
				Email:	
				AAU#	
				Res. Tele.	
Asst. Coach	**Address**	**City/State**	**Zip Code**	**AAU#**	
				Res. Tele.	
Asst. Coach	**Address**	**City/State**	**Zip Code**	**AAU#**	

No.	Last Name	First Name	Telephone	Age	Birth Date	AAU#