



Winter 2020 Basketball League Roster

Team Name: _____

Boys or Girls (circle one)

Grade: (circle one): 3 4 5 6

Head Coach Name: _____ Email: _____

Head Coach Cell# : _____

Player Name	Grade	Parent Signature for Liability Waiver Below:	Parent Name Printed

Liability Waiver (parent signature needed above)

In consideration of the North Dodge Athletic Club allowing me/my child to use these facilities/participate in organized activities outside of the club, I hereby forever release the North Dodge Athletic Club, its owners, managers, instructors and staff from all liability for any and all damages and injuries including death suffered by myself or my family in connection with the use of these facilities. I understand that my participation is entirely by my own choice and with the understanding of risk or accidental injuries involved in any fitness activity and with the club.

For NDAC staff use only:

Payment Received Date: _____

Payment Amount: _____

Ref # on Check _____

Please attach receipt or copy of check to this form