



Team Name: _____ **Gender: (Girls or Boys)** _____

Name / Date of the Tournament you are attending - _____

Grade Division: _____ **Level A/B/C** _____

Coaches Name _____ **Email** _____

Phone # _____

Team Roster Information:

	Name	Jersey #	DOB
Player 1	_____	_____	_____
Player 2	_____	_____	_____
Player 3	_____	_____	_____
Player 4	_____	_____	_____
Player 5	_____	_____	_____
Player 6	_____	_____	_____
Player 7	_____	_____	_____
Player 8	_____	_____	_____
Player 9	_____	_____	_____
Player 10	_____	_____	_____
Player 11	_____	_____	_____
Player 12	_____	_____	_____

**All checks made out to Spartans Basketball
Send all Registration forms and Checks to- Chris Coates, 72 Walnut Ave, North Hampton NH 03862**

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of the permission granted to the participants named above on the team named above to participate in the NHHDS Spartans Basketball Tournaments and or programs, I/we SHALL RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE NHHDS-Spartans, Chris Coates, Sportszone ,New Heights Gym, Bedford high school, Pinkerton high school, community campus or their agents and employees from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the named participant, whether caused by the negligence of NHHDS BASKETBALL, its agents and employee or otherwise while the named participant participates in its programs. By signing this agreement the head coach and or program director is taking responsibility that all his players have their own medical insurance.

I/we further agree to indemnify NHHDS-Spartans and Chris Coates, Sportszone, RIM Sports Complex, New Heights Gym, Bedford high school, Pinkerton high school, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which NHHDS and Chris Coates, their agents and employees become legally obligated to pay including reasonable attorneys' fees and costs, as a result of claims, demands, costs or judgments, against NHHDS-Spartans and Chris Coates, their agents and employees on account of injury to the person or property or resulting in the death of the named participant whether or not caused by the negligence of NHHDS and Chris Coates, their agents and employees and whether or not such liability is sole, joint or several.

I/we am aware that participation in this tournament may present a strain on my child's body, or its parts and therefore I represent to NHHDS-Spartans and Chris Coates that to the best of my knowledge, my child is in a proper physical condition to allow him/her to participate and that I/we assume the risk of participating.

I/we understand that the above program involves traveling to various activity sites. I/we will accept full responsibility for the transportation of my child to and from these activities and I/we release, indemnify and hold harmless any persons providing such transportation.

I/we understand that in case of injury or illness, I/we will be notified. If it is impossible to contact me and it is an emergency, I/we hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

I/we, the parent/legal guardian, the undersigned, have read this release and understand all its terms. I/we execute it voluntarily and with full knowledge of its significance. I/we have executed this release on this date indicated next to my/our names.

I/we understand that the Department frequently takes photographs of its activities and participants. I hereby give permission to the Department to take such photographs of the above Participant and to use these photographs in the Department's publicity.

Coach, Program director or Parent/Guardian signature

Date