



HOOP GROUP SKILLS CAMP TOURNAMENT OF CHAMPIONS ROSTER FORM

TEAM NAME: _____

NAME/GRADE	AGE	ADDRESS	PHONE	EMAIL

Player Waiver for Participants

The entire roster must be completed in it's entirety before a team can take the court. New Jersey Liability Statutes state that this information must be collected for all participants in Hoop Group Skills Camp programs and events. I agree that my team is physically fit to participate in strenuous athletic activity, and waive Pocono Invitational, and its officers and employees of any and all responsibility for injury or illness. I hereby authorize the Directors of Hoop Group Skills Camp to act for me according to their best judgment in any emergency requiring medical attention. I also understand that Hoop Group Skills Camp is not responsible for the payment of any such medical expenses.

COACH SIGNATURE

DATE