



HOOP GROUP GARDEN STATE ROSTER FORM

TEAM NAME: _____

NAME	GRADE	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 programs and events. I agree that my team is physically fit to participate in strenuous athletic activity, and waive the Hoop Group, and its officers and employees of any and all responsibility for injury or illness. I hereby authorize the Directors of Hoop Group to act for me according to their best judgment in any emergency requiring medical attention. I also understand that the Hoop Group is not responsible for the payment of any such medical expenses.

COACH SIGNATURE

DATE