Team Name:	NOTHING BUT,
Division:	
Coach Name:	
Coach Signature:	
Phone:	
E-mail Address:	

All Players/Parents must sign our waiver below and pay prior to the team's first game or they will be considered inactive.

Player Name	Paid	Phone Number	Parent/Player Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

## **Nothing But Hoops Waiver**

I hereby authorize the staff of Nothing But Hoops (NBH) to act in my place, according to their best judgment in case of any emergency or situation requiring medical attention. I understand that my participation or my child's participation in athletic activities carries with it risk, and I hereby waive and release the staff of Nothing But Hoops (NBH) and any organization affiliated with NBH from any and all liabilities incurred by myself or my child during and/or as a result of his or her participation in any and all NBH programs. I also understand that NBH retains the right to use photographs of participants. In addition, I understand that any participant who does not abide by the rules and regulations of NBH may be subject to dismissal without reimbursement. I understand that all deposits are non-refundable.