



SPORTS OF ALL SORTS YOUTH
ASSOCIATION / UOWYA
10094 INVESTMENT WAY
FLORENCE, KY 41042
(859) 760-7466

WEEKNIGHT COMPETITIVE LEAGUE BASKETBALL
COACH/TEAM INFORMATION SHEET

SCHOOL NAME _____

HEAD COACH NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE (H) _____ (C) _____

EMAIL _____

PLEASE CHECK YOUR TEAM'S GRADE LEVEL

BOYS

GIRLS

2nd ___

2nd ___

3rd ___

3rd ___

4th ___

4th ___

5th ___

5th ___

6th ___

6th ___

7th ___

7th ___

8th ___

8th ___

9th ___

9th ___

JV ___

JV ___

Varsity ___

Varsity ___

ASSISTANT COACHES NAMES AND PHONE NUMBERS:

_____ / _____

_____ / _____

IS YOUR TEAM'S SKILL LEVEL _____ UPPER _____ LOWER

**Player Waiver, Release of Liability
and
Acknowledgement of Risk Agreement Roster**



TEAM ROSTER

Team Name: _____

Coach Name: _____

Home Phone: _____ Cell _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

1. I, the undersigned player, acknowledge, agree and understand that:

- A. Voluntarily and of my own free will, I elect to participate as a member of the Sponsored Event.
- B. I understand that there are certain risks and hazards involved in participating in such sponsored event that may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants.
- C. I understand that the very nature of athletic contests are hazardous and risky, including, but not limited to, the acts of kicking, heading, and fielding the ball, running, jumping, stretching, sliding, diving, and collisions with other players and with stationery objects, all of which can cause serious injury or death to me and to other players.

2. Further, I the undersigned player, agree that in consideration for the right to play as a member of the organization below and in consideration for permission to play on the field/court or facilities arranged for by the team or league:

- A. I **voluntarily** elect to accept and assume all risks of injury incurred or suffered by me: (i) while practicing or playing as a member of the team, league or organization so designated; (ii) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team; and (iii) while on or upon the premises of any and all of the fields/courts or facilities arranged for by the organization for practice or play.
- B. I release, discharge and agree not to sue any team, league or organization designated below; the field owner, or other entity designated below, or the owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league or field/court; for any claim, damages, costs or cause of action which I or my estate have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including, but not limited to, the negligence, breach of contract or wrongful conduct of the parties hereby released.
- C. I understand and accept that **No Accident Medical Coverage is provided** to me by the organization shown below for my participation in the sponsored activities are my responsibility to bear. The organization shown below does not provide coverage nor assume responsibility for medical or dental costs resulting from any injury incurred during its sponsored events.

D.O.B	GRADE	AGE	PLAYERS NAME (PRINT)	UNIFORM NUMBER

PLAYER ADDRESS:

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