Harrisonburg Hornets Basketball Academy Tournament Registration Form

Team Name: _____

Head Coach: _____ PHONE #: _____

Address: _____

EMAIL: _____

Assistant Coach: _____ PHONE #: _____

(check one) Boys Grade Division: ☐9U ☐10U ☐11U ☐12U ☐13U ☐14U ☐Other_____
Girls Grade Division: ☐9U ☐10U ☐11U ☐12U ☐13U ☐14U ☐Other_____

Player #	Player Name	Age

The undersigned, being the head coach of the team named above, hereby agrees that all coaches, players, family members and associates of the team named above will hold the Harrisonburg Hornets Basketball Academy officers and directors faultless in the event of injury or other harm occurring to the team's players and participants during all league events. By signing this "Waiver of Liability" the coach attests to the league organizer that adequate medical insurance is available for all of the team's players and participants and that the team named above will be responsible for any medical expenses if necessary.

Signature _____ Date: _____