MOLINE BASKETBALL BRICK HOUSE SHOOTOUT PARTICIPANT CONSENT AND WAIVER FORM

A parent/guardian of each player MUST SIGN the consent & waiver form to have a valid registration.

I, the parent/guardian of the applicant (MYB Player), agrees that Moline Youth Basketball, Moline-Coal Valley School District, and all individuals assisting in the tournament or event in any capacity will not be liable for any causes of actions, claims, & injuries arising out of the participation of the applicant, and hereby release all said groups and individuals from such claims and liabilities. The undersigned acknowledges that in all sports there are certain risks of physical injuries and all players participate at their own risk. I, as the parent/guardian, by signing below, state that my child is in ample sports condition to participate in the tournament or event. By signing this form, you exclude Moline Youth Basketball, Moline-Coal Valley School District, any staff members, and volunteers from any normal injury and liability that might occur or labeled as normal sports injuries. I have read and understand the above information:

Team Name:	Coach:	Grade:
PLAYER NAME (Please Print)		PARENT SIGNATURE

Please duplicate if necessary. ONE FORM PER TEAM ENTERED. MUST be completed and turned in PRIOR to first game.