

**HIGH SCHOOL VARSITY BASKETBALL SUMMER FEST
TEAM ENTRY FORM 2009**

(PLEASE FILL OUT COMPLETELY)

School/Team Name: _____

Street Address: _____

City/State/Zip: _____

Telephone No: () _____

Coaches Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: () _____

Cell Phone: () _____

Email Address: _____

Team Waiver for Participation

In consideration for our team's entry into the above summer event, I hereby waive and release any and all rights and claims for damages I may have against Ceciliaville Athletic Center and its representatives, successors, and assigns any and all injuries suffered by us in any activities sponsored by ceciliaville athletic center, and understand that the team is solely responsible for payment of any such medical expenses.

Each team may have more than 15 participants with remaining high school eligibility, so that they are being recruited by colleges for entry in the 2010-2011 school year or later. All players must be legal residents of the state in which the team is located.

Please sign below to verify that you have read and understand the team waiver policy.

Coaches Signature: _____