



Player Release and Roster For All CSA Basketball Events

Team Name:	Division (i.e., Boys 7, Girls 8, etc.)
Coach's Name:	Event:
Phone: Home: Work:	Street Address:
FAX:	City and zip

Please return roster to **Tom Bednark 7746 S Valdai Ct. Aurora, CO 80016** Information on each player must be submitted in its entirety. You can also turn this in at the scorer's table prior to your first game.

Player Name	School	Grade
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

As coach and spokesperson for our youth basketball team, I, _____ hereby waive my
(Print Name)
 right and the rights of all members of the team to hold the Colorado Sports Authority, it's directors, staff and volunteers, all school districts, recreation centers and athletic facilities involved in any Colorado Sports Authority event, liable for payment of any damages suffered by any member of our team during the event, whether such damages are caused by physical injury, loss of property, acts of a third party or any other cause of whatever description.

Signature

Date