

THRALL SPRING LEAGUE BASKETBALL
INFORMATION FORM AND INSURANCE WAIVER

Athlete's Name: _____
Grade Next Year: _____ **Age:** _____
Mailing Address: _____
Home Phone Number: _____
Emergency or Cell Phone Number: _____
Name of School: _____

Thrall Spring League Basketball has been created for the benefit of those athletes who are dedicated to the game of basketball and its purpose is to encourage the growth of their desire in the game of basketball. However, the schools and coaches who have formed this league are not liable for any injury that occurs during athletic competition or from any other activity during the operation of the league. It will be the responsibility of the athlete, parent, or guardians to provide care and expenses for any injury acquired during the league.

Failure to fill out the information and provide the appropriate signatures will cause an athlete to be held from the competition. If you have any questions concerning our league refer them to your team coach or your school's head coach. We appreciate your participation.

Athlete's Signature: _____, **acknowledge the terms of the league and agree to them.**

Parent/Guardian Signature: _____, **acknowledge the terms of the league and agree to them.**