Davenport Basketball
WAIVER AND ROSTER

Name of Team_____ Tournament Name

Division(please circle one) Boys: 3rd 4th 5th 6th 7th 8th Division A B

Girls: 3rd 4th 5th 6th 7th 8th Division A B

We, the undersigned do hereby release Palmer College of Chiropractic, the Davenport School District, Davenport North High School, Wood Junior High, organizers, officials, volunteers and tournament committee coordinators whatsoever in case of accident or injury while in attendance, during participation or travel to and from the event or facilities in the tournament.

Player (please print)	# on Jersey	Parent/Guardian Signature	Parent/Guardian Please print name

I certify that the above information is correct:

Coaches Name (please print):_____

Coaches Signature:_____ Date: _____

This roster/waiver must be submitted before your first game of the tournament. Teams that have not submitted this form by the start of the tournament will not be allowed to take the court. Players may not play on more then one team in this tournament at the same grade level.