

**2018 Wapahani Lady Raiders Summer Shootout**  
**June 29 and June 30**  
Release Form

Team Name: \_\_\_\_\_

**This roster must be completed and returned to Wapahani High School prior to any game being played. If this roster and parental release form are not completed and returned, the player will not be permitted to participate.**

I/we hereby acknowledge, recognize and accept the inherent risk of bodily injury, disability, paralysis and/or death to my/our children/guardians that exist as a result of their participation in any athletic endeavor, and specifically, by their athletic participation in athletic endeavors offered or hosted by the "Wapahani Lady Raiders Summer Shootout", Liberty-Perry School Corporation, Wapahani High School Athletic Dept., their owners, agents, employees, officers, trainers, or volunteers and other individuals or entities operating on behalf of the "Wapahani Summer Shootout" for any claim or any bodily injury, disability, paralysis and/or death that we or our children/guardian may sustain as a result of participation in the "Wapahani Lady Raiders Summer Shootout" athletic endeavor.

In the event that I/we or my/our children/guardian suffer some type of injury or illness which requires immediate medical treatment, I/we do hereby consent to and authorize the administration of such first aid and/or medical treatment to myself/ourselves and/or my/our children/guardian by owners, agents, employees, officers, trainers, or volunteers and other individuals or entities operating on behalf of the "Wapahani Lady Raiders Summer Shootout" to arrange for ambulance transportation for an appropriate medical facility for me/us and/or children/guardian.

I/we hereby certify that the below information regarding the grade and school the player is currently attending is accurate. I/we understand that school confirmation must be available upon request by the tournament director. In the event it should be determined that the below information is not accurate, I/we understand that our team and each individual will forfeit all fees paid to attend the "Wapahani Summer Shootout" and be removed from the tourney with no refunds. Furthermore, by signing below, I/we agree to abide by all rules as established by tournament officials to govern the tournament both on and off the court.

<b>Players' Name</b>	<b>Number</b>	<b>Grade</b>	<b>School</b>	<b>Parent/Guardian Signature</b>	<b>Parent /Guardian Contact Number</b>

**Head Coach:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Date:** \_\_\_\_\_