SOUTH TEXAS HOOPS BASKETBALL LEAGUE

POWERED BY: UNDER ARMOUR

TEAM ROSTER

UNDER ARMOUR

FOR LEAGUE USE ONLY
DATE VERIFIED: _____
DATE RECEIVED: _____

TEAM NAME _____ AGE GROUP: _____

COACHES						
	FIRST NAME	LAST NAME	ADDRESS	ZIP	CELL PHONE	E-MAIL
HEAD						
ASST.						
ASST.						

	Players		Parents			
	NAME	D.O.B/AGE	E-MAIL (PLEASE PRINT CLEARLY)	NAME	PHONE	SIGNATURE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

By signing, I hereby give permission for my child to participate in South Texas Hoops Leagues & Tournaments. The authorization shall waive, release, and absolve South Texas Hoops, its staff and volunteers, any host facility, and sponsors from any and all liability for injury or illness incurred in the league. I give the staff permission to act for me according to its best judgment in any emergency. I also certify that my child is in good health and capable of safe participation in South Texas Hoops Leagues, Tournaments, and Practices. I also give permission to the South Texas Hoops Leagues & Tournaments and other participating agencies and sponsors to use any and all photographs and/or video/audio of myself and child obtained while participating in the South Texas Hoops Leagues & Tournaments. This is an opportunity to provide positive information about the program and opportunities provided by the sponsoring agencies in our community and to celebrate the activities of our Youth.