



TWENTY NINTH ANNUAL
WEST LOS ANGELES YOUTH CLUB
Invitational Scholarship Basketball Tournament
 APRIL 21-23, 2017

**Player and Parent
 Release Waiver**

**Submission Deadline:
 February 17, 2017**

This form must be completed and submitted by mail.

Team Name: _____ Division: _____

Coach: _____ Phone Number: _____

Parent Rep: _____ Phone Number: _____

We, the undersigned, release the West Los Angeles Youth Club, its officers and tournament committee members, team coaches and officials from all liability from, and has obtained insurance for, any injury or loss sustained by the player while playing, practicing, traveling and participating in our tournament. We understand that should we stay at a hotel/motel, we are responsible for the well-being of ourselves and our players.

The signing of this Player-Parent Agreement shall be considered as a waiver of any claim for any such injury or loss and acknowledgment that each player listed below has obtained their own medical insurance coverage for this tournament.

*All players and parents **must** sign this waiver form in order to be eligible to participate in this tournament.*

This form must be postmarked by February 17, 2017.

No.	PLAYER'S NAME (PRINT)	PLAYER'S SIGNATURE	PARENT/GUARDIAN PRINTED NAME/SIGNATURE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

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