OFFICIAL ROSTER

TEAM

DIVISION

COACH NAME	TITLE	PHONE NUMBER	EMAIL

NO.	NAME (FIRST & LAST)	POSITION	GRADE	GRAD CLASS	TRIBAL AFFILLIATION

As a participant in the event, I recognize and acknowledge that there are risks of physical injury which could occur from my team's participation in this event. I fully understand the nature and extent of all these risks. For and in consideration of my being permitted to participate in this event, I agree to assume full risk of any injury, damage, or loss which I may sustain as a result of participation in this event and any activities in connection with TRIBE Athletics Sports. As the team coach and responsible adult for my whole team/players. I hereby waive all claims against TRIBE Athletics Sports, event staff and volunteers, the facilities used by the host, and any other personnel involved in any injury, accident(s) while participating in this event. I affix my name and signature to this form.

Coach Signature

Date

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