

SLAASC ALL-LANKAN BASKETBALL TOURNAMENT

Official Roster - Injury/Responsibility Waiver Form

TEAM NAME: _____

Team Contact Number (cell): _____

By signing this document, I understand that neither the Sri-Lanka America Association of Southern California ("SLAASC") , Veterans Sports Complex ("The Gym") and nor the All Lankan Basketball committee ("The Committee") has requested my participation in the activities and that my participation is strictly voluntary. I understand that my participation involves physical exercise that may result in injury and/or illness (such as and not limited to asthma, tendon, muscle and ligament injury, broken bones, head trauma) and I represent to the Tournament Committee that I am in good physical condition. By signing this document, I am waiving and releasing SLAASC, The Gym and their employees as well as the officials, The Committee, administrators, players and participants in the SLAASC All-Lankan Basketball Tournament and indemnifying these individuals and entities against any injury, cost, damage or expense that I incur by my participation. If I am under the age of 18, I understand that a parent or legal guardian must sign on my behalf. I have read, understood and agreed to abide by all tournament rules.

Jersey Number	Player Name (print)	Signature of Player or guardian
Coach:		
Other:		

Signature of Team Manager

Note : This form must be filled out completely. First, Last names, Signature and the team manager’s signature MUST be legible and complete.

The completed form and final roster must be submitted to the tournament committee before the start of the tournament for your team to be eligible to compete.