**Tournament entry & wavier form must be completely filled out and signed by legal guardian. Mail form and fee to address listed below.**

Team Name: Event Date:

Coach Name: Age Division:

Address: City, State, Zip:

Contact Phone: Alt. Phone:

Email Address:

**Parents:** Please sign on behalf of your child under the age of 18
By signing this form, I agree to abide by the ***Release and Waiver of Liability*** statement below

| Players Name | Address | City, State | Zip | Home Phone | DOB | Parent Signature required if player under 18 |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## *Release and Waiver of Liability*

I agree to follow all the policies of CAGE Fieldhouse and CAGE Sports, Ltd. In consideration of being allowed to participate in activities at CAGE Fieldhouse, I agree to release and hold harmless CAGE Sports, Ltd. and its owners, employees and subcontractors providing services to CAGE Sports, Ltd., and Final Four Sports Development, LLC, its owners and employees, from all liability, damage or injury, including death, to the "Player" noted above, whether caused by negligence or otherwise. I understand that CAGE Sports, Ltd., its owners, employees and subcontractors providing services to CAGE Sports, Ltd., and Final Four Sports Development, LLC, its owners and employees are not responsible for the personal property of "Player", lost or stolen. I, individually and/or on behalf of my minor child/children, assume all responsibility for any risk, injury, damage or death to me or my child while on the property of CAGE Sports, Ltd. and Final Four Sports Development, LLC.

Coach's Signature: Date:

Make checks payable to: ***Cage Sports*** and mail to: **P.O. Box 266, Swartz Creek, MI 48473**