	Team Name _____	Heach Coach Name_____	Girls__ Boys__ Grade Level _____	Coach Sig/Date_____
Player #	Player Name	Parent's Name (s)	Parent's Mobile Phone	Parent's Signature & Date

Waiver/Disclaimer

I assume all risks and hazards of the conduct of this program. In case of injury, I do hereby waive all claims of legal actions, financial or otherwise, against Thurston County Sports Association, aka TCSA; sub-contractors or the Facility owners. In absence of signature, payment of fee and participation in the program shall constitute acceptance of the conditions set forth in the release. I grant full permission to use any photographs, video, or any other records of this program for promotional purposes.