Connally High School Summer League
Team Entry Form

Team Name:	Team Colors:
Summer Team Head Coach:	
Cell phone:	Home Phone:
Email:	
Address:	City/state zip:
Alternate contact name/Phone:	

PLAYER WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

My signature below confirms that in consideration of my team's entry and/or participation in the Connally High School summer league, I/we waive all claims for damages, injury, or personal property we may have against the competition, its sponsors, agencies, directors, supporters, including P.I.S.D. and A.I.S.D. I verify that myself/my team is physically fit and trained for this competition. I further grant full permission to summer league staff and all media outlets to use any photographs or records of the event for legitimate purposes.

Team roster:

Name	High School Attended	Age	Signature

THIS FORM MUST BE SIGNED BY EVERY PLAYER ON THE TEAM

For More Information:

Call: 512-589-3877 Sanders or 512-589-5025 Morgan

or email Coach Sanders (hoopcoach41@yahoo.com)

Coach Morgan (jhm3@austin.rr.com)