

# AK Gold / Lady Mountaineer Holiday Classic

## Registration Form

**Medical Waiver/Release of Liability** – All participants must have accidental medical insurance while participating in or traveling directly to and from the **AK Gold/Lady Mountaineer Holiday Basketball Classic**.

**Accidental Insurance Waiver** – I accept full responsibility for any injury my son/daughter may suffer while participating in the **AK Gold/Lady Mountaineer Holiday Basketball Classic**.

Provides full coverage and releases **AK Gold/Lady Mountaineer Holiday Basketball Classic** sponsors, volunteers and representatives associated with this tournament of any financial responsibility. Our coach or another responsible representative from our team is authorized emergency treatment if I/we cannot be contacted.

**My insurance policy will assume full responsibility for any medical expenses**

Player Name	Player #	Parent/Guardian Signature

As this team's representative, I certify that the information provided above is correct and to the best of my knowledge. I understand that the burden of proof concerning player eligibility is my responsibility. If proper documentation is requested I must be able to provide documentation prior to the end of this tournament or forfeit all games for which my team has participated in. There will be no refunds for tournament participation. I further understand that the team is responsible for proof of insurance coverage.

**Printed Name of Team Representative:** \_\_\_\_\_

**Team Name:** \_\_\_\_\_

**Signature of Team Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_