## Alodia Basketball 2023 National Championship Official Team Roster

Team Name   Head Coach Name:   Asst Coach Name:   Ce			Boys or Girls:	Grade <u>:</u>	
		Cell:	E-mail:		
		Cell:	E-mail:		
Vaiver of ble to pai mergency ckness or	Claims: I, as Coach, hereby give permissio rticipate in these activities. I hereby author requiring medical attention. I acknowled injury to my players. I hereby waive any or	n for my players to participate in the Alodi orize the directors and instructors of Alod ge that I or our team will be responsible claim I may have against Alodia Basketball A blicity and marketing purposes, as deemed	ia Basketball Academy to act for me act for any cost (through family medical ins Academy and the organization providing	cording to their best judgment in an surance or otherwise) incurred due t the facilities. I further herby authoriz	
		and have complete understanding of the e ligible to play with their grade division. I wi	_		
oach's signature:			Date:		
#		Player's Name	Grade (2022-2	3) Birth Date and Year	