**DRKB, INC. (Milford Knights Basketball)**

**2025-2026 MILFORD KNIGHTS BASKETBALL LEAGUE & TOURNAMENTS**

**TEAM ROSTER AND LIABILITY WAIVER**

**PLEASE READ CAREFULLY**-I do hereby assume all risks of personal injury involved in this activity. I do hereby release DRKB, Inc (DBA Milford Knights Basketball) their officers, agents, employees, or any person or entity connected with them of liability and suits at law or in equity resulting from this activity.

I also give permission to DRKB, Inc (DBA Milford Knights Basketball) to use any photo or video taken of me / my child(ren) during participation in this program; for use in print, digital, or web based promotional materials.

**RELEASE**-I understand there are risks of physical injury in participating in sports and recreational activities or programs. I do hereby release DRKB, Inc (DBA Milford Knights Basketball), their officers, agents, employees, or any person or entity connected with them from any and all liability or loss or damage to personal property that my child(ren) or I may experience in connection with activities sponsored by DRKB, Inc (Milford Knights Basketball).

I hereby consent to emergency medical procedures deemed advisable for my child(ren) in the event that I cannot be reached and my child(ren) has sustained an injury. DRKB, Inc (DBA Milford Knights Basketball) does not provide accident or hospitalization insurance for participants in its programs. All participants are advised to have adequate personal coverage. Please consider participants’ own health, experience and tolerance for risk before participating in any DRKB, Inc (DBA Milford Knights Basketball) program.

**I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS RELEASE OF LIABILITY AGREEMENT AND AGREE TO ABIDE BY THEM.**

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| **TEAM NAME:** |  |  | **COACH NAME:** |
| **CIRCLE DIVISION: BOYS GIRLS** |  |  | **COACH EMAIL:** |
| **CIRCLE GRADE:**  **3RD / 4th Gr 5th Gr 6th Gr** | **7th Gr** | **8th Gr** | **TELEPHONE (Cell or Work)** |
| **CIRCLE TEAM LEVEL:**  **A Division B Division** |  |  | **C Division Town Recreation Division** |  |

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| --- | --- | --- | --- | --- | --- |
| **PLAYER’S NAME  *Please Print or Type*** | **D.O.B.** | **GRADE** | **TOWN OF  RESIDENCE** | **PARENT SIGNATURE** | **DATE** |
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**Coaches Affidavit:** As the Coach of this team, I certify that all information is complete and correct and that only the players listed on this form will be allowed to participate on the above listed team. I understand that if any information is found to be false, incorrect, or fraudulent that I and/or my entire team will be subject to disqualification. I am aware that as the Coach I am responsible for the actions of all the members of my team and will abide by the rules and regulations as outlined by Milford Knights Basketball.

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| **Coaches Signature:** | **Date:** |

**SPECIAL NOTES:**

**EMAIL THIS FORM TO : milfordknightsforms@gmail.com** PAGE 1 of 1