



2024 Spring/Summer Basketball

Waiver Release ---- Player Information

Name _____ Age _____ Date Of Birth _____

Grade _____ School _____

Parent/Guardian Information***

Name _____

***Cell Phone _____

***Email _____

PLEASE ATTACH A SHEET OF ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF.

I hereby authorize the staff of Team First Allstars/The NS Xpress to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release Team First Allstars/The NS Xpress from any and all liability for any injury or illness incurred as a participant in a Team First Allstars/The NS Xpress program ("Program"). I have no knowledge of any physical impairment that would affect my child's ability to participate in this Program's basketball activity. I further understand that Team First Allstars/The NS Xpress retains the right to use for publicity and advertising purposes photographs of participants in any Program.

As a participant or guardian of a participant in the Program, I recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of any injuries, including death, damages or loss which my child may sustain as a result of participating in any and all activities connected with or associated with such Programs.

I agree to waive and relinquish all claims against Team First Allstars/The NS Xpress and its officers, agents, servants and employees that I or the above participant may have as a result of participating within this Program, including injuries, death, damage or loss which my child may accrue on account of participating in a Team First Allstars/The NS Xpress Program activity.

NSX/TFA Fee requirements

Payment - **\$395** (pays for 10 wks of Training and tournaments)

Uniform cost is separate and is due immediately by **March 8, 2024**

Zelle payments (847-922-9085), Make check/MO Payments to Team First Allstars: If paying by cash, place cash inside a sealed envelope with player name/grade on the outside. Receipts for cash payments will be sent by text.

I HAVE READ AND FULLY UNDERSTAND AND AGREE THIS WAIVER RELEASE NOTIFICATION and that **No refunds will be given at no time.** I understand that Players who are physically unable to finish the program, and have medical authorization, will be granted/offered a program credit for themselves or an individual selected by that player's parent/guardian.

Parent/Legal Guardian _____ Date _____

Signature is required: