TeamARETE Player Waiver/ REGISTRATION
www.teamarete.net Contact Info: (972) 514-6211

Player's Name_____

HomeAddress_____

Home phone_____

Email address_____

School_____grade_____

We, as parents or guardians of the above-named player, grant permission for him/her to participate in the Teamarete Basketball (Preview) and acknowledge that he is physically able to participate in league activities. We release TeamArete Basketball, Hebron HS (LISD), Coppell HS (Coppell ISD), and its employees from all claims for injuries sustained during play. We authorize the director or his designee to select hospital facilities/physicians and authorize treatment in an emergency.

Parent's Signature_____

Business phone_____Cell_____

Email address_____

(TeamARETE prefers Cash)