



ROCKY MOUNTAIN ELITE LEAGUE REGISTRATION

TEAM NAME:

CITY:

DIVISION:

COACH NAME:

LEAGUE SEASON:

COACH PHONE:

COACH EMAIL:

Coach Consent and Waiver

As Coach to this team, I remain legally responsible for any personal actions taken by the above named coach(es) or the above team's players.

I agree on behalf of myself, and all coaches/parents/players of our team to hold harmless and defend Rocky Mountain Elite Basketball Academy, its officers, directors, employees, volunteers or representatives associated with the event from any claim arising from or in connection with the Rocky Mountain Elite Basketball Academy event. This includes any illness, injury (including death) or cost of medical treatment that came as a result of participating unless such a claim arises that shows negligence by Rocky Mountain Elite Basketball Academy.

Coach/Contact Signature _____

Date _____

Return Form to:
Jason Icenhower
rockymountainelitebasketball@gmail.com
406-880-2429