Check box for which tournament you are entering

☐	Caprock Tip-Off	April	17-19
☐	AAU District Qualifier (BOYS)	May	15-17
☐	Caprock Classic (GIRLS)	May	15-17
☐	Caprock Champions Shootuot	May	29-31
☐	Caprock June Jam	June	5-7
☐	Father's Day Classic	June	19-21
☐	Caprock Firecracker Open	July	3-5

RELEASE OF LIABILITY/ROSTER

I/we, a parent/guardian, hereby give my/our approval for our son's/daughter's participation in the the above checked Basketball Tournament.. I/we assume **ALL** risks and hazards incidental to such participation including transportation to and from the activities; and I/we do hereby **waive**, **release**, **absolve**, **indemnify**, and agree to hold **harmless** any and all associated leagues, tournaments, organizers, sponsors, supervisors, participants, game officials, coaches and persons transporting my/our child, and Lubbock Independent School District, wheather the result of negligence or any other reason.

I/We a parent/guardian, also acknowledge that the above checked Basketball Tournament does NOT maintain or furnish ANY type of health and/or accident insurance, and that the insurance is my sole responsibility.

This **COMPLETED** page **MUST** accompany the entry form to complete your registration package.

Player Name **date of birth** **Parent or Guardian Signature**

1._____

2._____

3._____

4._____

5._____

6._____

7._____

8._____

9._____

10._____

11._____

12._____

13._____

14._____

15._____

Website: www.caprockbasketball.com

Return to: Karen Moeller 7008 A Geneva Lubbock, Texas 79413 (**806-793-6836**)
cell (**806-438-8587**) or email : caprockaau@clearwire.net
FAX: 806-797-3212

Please fill out COMPLETELY for the following information:Team Name_____
BOYS____ GIRLS _____ (AAU age group you will play under for this tournament_____)

Entries **MUST** include:

1. **Completed** Team Rosters/Liability form (Please type)
2. Entry Fee $210.00 (Make checks payable to **Caprock Summer League**

Coaches Name(s) _____

Coach or Sponsors phone #_____ _____