



www.teamarete.net

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 the TeamArete Basketball LLC, Fieldhouse USA Frisco LLC and its employees from all claims for injuries sustained during play. We authorize the director or his designee to select hospital facilities/physician and authorize treatment in an emergency.

Parent's Signature _____

Business phone _____ Cell _____

email address _____

(Make checks payable: CASH or "TeamArete Basketball")