30845 23 Mile Rd. **CHESTERFIELD, MI 48047** **Phone# 586-949-6266**

Player Roster/Parent Waiver Form

Player's Name	Player's Address	Phone #	D.O.B.	Parent's Name	Parent's Signature

I hereby give permission and certify that my child and I are in good health and able to participate in all The Sports Academy activities. By signing this waiver, I release The Sports Academy, coaches, staff, and all others associated with The Sports Academy and it's activities of all Liability for any injury or illness incurred by my child and I at The Sports Academy and The Sports Academy activities.