

**2011 BRAINTREE FALL SHOOT TOURNAMENT TEAM  
ROSTER/APPLICATION**

**TOWN:** \_\_\_\_\_

**GRADE & DIVISION A/B** \_\_\_\_\_

**PLAYER'S NAME**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_
- 11. \_\_\_\_\_
- 12. \_\_\_\_\_

**COACH:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**EMAIL :** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**Attached is payment of:** \_\_\_\_\_

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**Waiver of General Liability, Excess Liability, and Secondary Medical Insurance Claims, Acknowledgment of Insurance  
Evidence Request and Certification of Primary Medical Coverage**

By my signature below I shall indemnify and hold harmless, Braintree Youth Basketball, Braintree Public Schools and Town of Braintree, its officers, coaches, players and volunteers from and against any and all damages that may arise out of or in connections with my participation in the Braintree Fall Shoot out Tournament to be held on November 11 - 13, 2011 .

I understand that I have been asked to produce evidence of general liability, excess liability and secondary medical insurance coverage for the my team and coaches as provided by my respective town, league or other applicable program sponsor, to the extent that such coverage exists.

Friends of Braintree Basketball assumes that all teams have proper Cory checks for all coaches.

\_\_\_\_\_  
Coach of Participating Team

\_\_\_\_\_  
Team and Grade level