



www.RogersSummerBasketball.com

ROGERS YOUTH SUMMER BASKETBALL League (RYSBL)

MEDICAL / LIABILITY RELEASE FORM

- Mail this Release Form with Check by May 28th to: RYSBL - PO Box 783 - Rogers, MN 55374.

Medical / Liability Release (Must be signed to play):
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I hereby grant permission to Rogers Youth Summer Basketball League (RYSBL)
Representatives to act for _____ (Players Name) according to
their best judgment requiring medical attention, and hereby waive RYSBL from any and all
liability for any injuries incurred while at RMS playing or attending RYSBL games.

Parent or Guardian Signature

Date: _____