

## Lakehead Basketball 3v3 Tournament - Roster Form

Sponsored by Play it Again Sports

Team Name: \_\_\_\_\_

Age Division: \_\_\_\_\_

Grades 6-8

Grades 9-12

### Player 1 Info

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian First & Last Name: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_ Waiver Received? (Office Use Only): \_\_\_\_\_

### Player 2 Info

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian First & Last Name: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_ Waiver Received? (Office Use Only): \_\_\_\_\_

### Player 3 Info

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian First & Last Name: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_ Waiver Received? (Office Use Only): \_\_\_\_\_

### Player 4 Info

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian First & Last Name: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_ Waiver Received? (Office Use Only): \_\_\_\_\_

**Roster Deadline:** Please complete and return to Chris Rao at [crao2@lakeheadu.ca](mailto:crao2@lakeheadu.ca) by **Tuesday, April 28th at 12:00 pm.**

**Waivers:** All players must have a valid waiver on file with Lakehead Athletics prior to playing. **Please ensure all players have their parent/guardian complete the digital waiver prior to Tuesday, April 28th at 12:00 pm.**

**Waiver Link:** [Use this link to complete the waiver for each participant](#)