8th Annual Dr. Martin Luther King Jr. Basketball Classic

January 20-21, 2018

Area Gyms, Little Rock, Arkansas

Team Name		**Age**		**Cell No.**			**Work No.**		
Coach's Name		**Grade**		**Gender**	*(underline)*	**B G**	**Home No.**		
Street Address		**Fax No.**		**Division?**	**(***mark x***)**	**AAU**		**Non-AAU**	
City, State, Zip Code		**E-mail**							

Jersey #	Player's Name	School	City, State, Zip	Grade	DOB

Kevin Howard, R&SSF PO Box 55324 Little Rock, AR 72215 Fax #: 501-407-9093 or email Howardace@hotmail.com	I certify that all information is correct and each athlete listed on the above Roster meets the grade and eligibility criteria. Coach's Signature: _____ Date:_____	Rise & Shine Sports Foundation	**ENTRY DEADLINE** *(for all ages or grades)* **January 17, 2018**

RELEASE: We recognize the possibility of physical injury associated with the sport of basketball. The coach's signature below certifies that he/she has consulted with the parent or guardian of each player listed above and that the parent or guardian releases the Rise & Shine Sports Foundation and their officers, directors, coaches, employees, agents, volunteers, sponsors, participating athletes, other parents, representatives and successors and the schools, school districts, religious organizations and other owners of the facilities where games are played, and their employees, from any and all liabilities, claims, damages and expenses, whether known or unknown, sustained by the player, or by the undersigned, which in any way arise out of, or are connected or relate to the participation by the player in any activity (including without limitation transportation to and from activities) organized by or in any way associated with the Rise and Shine Sports Foundation.

Coach's Signature (*type in***)**		**Date**	