

Bellevue Girls Basketball Camp Liability Form

In consideration of your accepting this pay entry, for the Bellevue Girls Basketball Camp for _____ (players name), thereby, for myself, my heirs, executor assigns and personal representatives, waive and release any and all rights and claims for damages I now, or may hereafter have, whether now known or unknown, against the Bellevue Girls Basketball Camp staff or any injuries by my son/daughter in connection with participation in said program.

Parent/Guardian Signature _____

Date _____

Current Medical Coverage (company) _____

Physician's Name _____

Physician's Phone _____

Medications/Allergies (if applicable)

I recognize I am responsible for providing adequate medical coverage in the event my child is injured while participating in these Bellevue Girls Basketball Camp activities. I also authorize the Bellevue Girls Basketball Camp staff to seek the best professional medical care available in the event of injury to my child if a parent/guardian cannot be contacted.

Parent/Guardian signature _____

Date _____