

2009/10 Southwest Youth Basketball Organization, Ltd. (Waiver)



This document must be filled out accurately and signed by a parent or legal guardian of the athlete before he will be permitted to participate in the Southwest Youth Basketball Organization program.

(Please print all of the following information)

Participant's Team: _____

Name of Athlete: _____

Age: _____

Address: _____

City: _____

Zip: _____

Parent's Home Phone: _____

Parent's Work Phone: _____

Parent's Cell Phone: _____

Parent's primary e-mail: _____

Participants Grade (in fall of 2009): _____

Participants School (in fall of 2009): _____

RELEASE AND CONSENT: I assume all risks associated with playing basketball for the Southwest Youth Basketball Organization, LTD. Having read this release and knowing these facts, I hereby waive the directors, sponsors, coaches and supervisors of the Southwest Youth Basketball Organization, Ltd. and the School District of Green Bay and their representatives and successors from all claims, liabilities or responsibilities for injuries of any kind arising from my child's participation in the Southwest Youth Basketball Organization, LTD program. I hereby certify that my child is in good health and is able to participate in basketball without risk to his or her health. I agree to allow my child to be treated in the event of a simple injury common to the game of basketball. I give the Southwest Youth Basketball supervisors or coaches permission to summon emergency medical services for my child should they judge this to be necessary.

Name of parent or legal guardian (please print): _____

Signature of parent or legal guardian: _____

Date: ____/____/____