

**2010/11 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 2010): \_\_\_\_\_

Participants School (in fall of 2010): \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/\_\_\_\_