

# Portage Youth Basketball-3<sup>rd</sup> Grade Camp

Player's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent E-Mail Address: \_\_\_\_\_

Emergency contact (if other than above): \_\_\_\_\_

Doctor: \_\_\_\_\_ Location: \_\_\_\_\_

Please list any problems or health concerns we should be made aware of: \_\_\_\_\_

## ATHLETIC LIABILITY WAIVER

*We (I) further knowingly and voluntarily waive any all claims and forever release the Portage Youth Basketball Club, its Board Members, Officers, Agents, Coaches, Sponsors, and Volunteers for any and all injuries sustained by our/my son/daughter, while participating, whether it be in practice session, in actual competition, or while being transported to either/or of the fore mentioned.*

*We (I) the undersigned, have adequate insurance and am/are willing to take full financial responsibility for any and all injuries sustained by our/my son/daughter participating, whether it be in a practice session or in an actual competition or while being transported to either/or of the fore mentioned.*

*Our/my signature below will allow a coach to admit our/my son/daughter to a medical facility and/or to the care of a physician, if conditions warrant such action.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please make checks payable for \$25.00/child to: Portage Youth Basketball

Mail Entry to: Portage Youth Basketball PO Box 723, Portage, WI 53901