

HOPEWELL-LOUDON HIGH SCHOOL CHIEFTAIN PRIDE BASKETBALL

Head Coach Roger Jury

181 N. County Road 7 P.O. Box 400 Bascom, OH 44809 Phone: (419) 937-2804 Athletic Fax: (419) 937-2914

2017 Basketball Camp Waiver Form

WAIVER OF LIABILITY & MEDICAL AUTHORIZATION

Basketball Chappen and according to program, Ho for any injur	injury may occur. I at their best judgment in opewell-Loudon Schoolies or illnesses incurre	uthorize the staff of the Hopewell-In any emergency requiring medical ols, and anyone connected with Cheed while participating in the progra	in the Hopewell-Loudon Boys ally demanding sport and that accidents do Loudon Boys' Basketball Program to act attention and I waive and release the ieftain Basketball from any and all liability. I have no knowledge of any physical ident's participation in the program.)
Parent or G	uardian Name:			
Parent or G	uardian Signature:		Date:	
Grade of so	n (next year):			
School (if o	ther than H-L):			
Shirt size (c	ircle):	S M L S (Youth Sizes)	M L XL (Adult Sizes)	
Parent:	Home phone #:			
	Work phone #:			
	Cell phone #:			
Payment:	amount	circle: cash money	order check#	

*** the early payment window to guarantee camp gifts (t-shirts, etc.) being on time is Friday, May 12th to Monday, May 15th

HOLD HARMLESS

HOPEWELL-LOUDON LOCAL SCHOOLS

Release a waiver of liability and medical authorization

I, the undersigned, and my adult guardian, consent to participation in the stated activity below at Hopewell-Loudon Local Schools. We understand that this activity is a physical sport with contact and collisions. We understand that accidents and injuries do occur during the participation of this sport. We agree that the participant is responsible for his or her own safety. We hereby assume all risks associated with my attendance and participation in this activity.

We consent that we have no knowledge of any physical impairment that would interfere with participation in said event. We waive and release all of the following parties from liability if such an accident occurs: Hopewell-Loudon athletic programs, Hopewell-Loudon Board of Education and Administration, any and all Hopewell-Loudon staff members and students, and any other organization of persons involved in the process.

PLAYER'S SIGNATURE	PLAYER'S NAME
GUARDIAN'S SIGNATURE	DATE