

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

2019 Basketball Camp Waiver Form

WAIVER OF LIABILITY & MEDICAL AUTHORIZATION

I consent to the participation of ______ in the Hopewell-Loudon Boys' Basketball Camp. I understand that basketball is a vigorous, physically demanding sport and that accidents do happen and injury may occur. I authorize the staff of the Hopewell-Loudon Boys' Basketball Program to act according to their best judgment in any emergency requiring medical attention and I waive and release the program, Hopewell-Loudon Schools, and anyone connected with Chieftain Basketball from any and all liability for any injuries or illnesses incurred while participating in the program. I have no knowledge of any physical impairment that would be adversely affected by the above named student's participation in the program.

Parent or Gua	ardian Name:									
Parent or Guardian Signature:							Date:			
Grade of son	(next year):									
School (if oth	ner than H-L):									
Shirt size (circle):		S (Yo	M uth Siz			S	M (Ad	L ult Sizes)	XL	
Parent:	Home phone #: Work phone #: Cell phone #:								_	
Payment:	amount		circle	e: cash	mon	ey orc	ler c	heck #		

*The early payment window to guarantee camp gifts (t-shirts, etc.) on time is Fri, May 3rd to Mon, May 6th.