Hopewell-Loudon Pee-Wee Basketball WAIVER OF LIABILITY & MEDICAL AUTHORIZATION

in the Hop		-Wee I							tball is a vigorous,	
the Hopev emergency and anyon illnesses in	vell-Loudon Pee-W y requiring medica he connected with I	Vee Bas l attent Hopewe cipatin	sketba ion an ell-Lou g in th	ll Progra d I waiv udon Ba ne progra	am to acre and resketbal am. I h	ct accordelease the from a ave no b	ding to ne prog ny and knowled	their be ram, Ho all liabi dge of a	I authorize the start in any spewell-Loudon Schlity for any injuries ny physical impairn the program.	nools, or
Parent/Gu	ardian Name(s) (pr	rinted):								
Parent/Guardian Signature:							Date:			
Grade of son:		K	1	2	3	4	5	6		
Parent/ Guardian	Home phone #: Cell phone #: Work phone #:									
– any gra	·	but trav first dr	vel par tills se	rticipani ssion – c	ts will n cash or	eed the checks	se (made o	out to <u>V</u>	iewpoint Graphics) el or last year's fits)	
Shooting S	Shirt: YES	_NO		(young	player,	do not	plan to	do trave	el or last year's fits)	
Shirt size:		S (Chi	M ldren'	L s sizes)	<u>or</u>	S	M (Adult	L Sizes)	XL	
	Yes, I am interessessions.	ted in t	he Ho	pewell-	Loudon	Nov/D	ec pee-	wee fun	damental/drill	
	Yes, I am interest I realize there wi "tryouts".			_			_	_	e) ed, and that there m	ıay be
	Yes, I am interest conclusion of the		_				will con	itact Co	ach Jury at the	
	I am interested in	n one o	r more	of the	opportu	nities, b	out have	questic	ons and would	
	appreciate contac	et from	Coacl	h Jury o	r a men	nber of t	the coac	hing sta	aff.	

*See reverse side for HL waiver form.

Please return this completed form to Coach Jury at HLJH/HS. (Your elementary teacher can forward to Mr. Jury's mailbox.)