**Bellevue Girls Basketball Little Wolverines**

**Liability Form**

In consideration of your accepting this pay entry, for the Bellevue Girls Basketball Camp for (players name), thereby, for myself, my heirs, executor assigns and personal representatives, waive and release any and all rights and claims for damages I now, or may hereafter have, whether now known or unknown, against the Bellevue Girls Basketball Camp staff or any

injuries by my son/daughter in connection with participation in said program.

Parent/Guardian Signature

Date

Current Medical Coverage (company) (ID Number)

Physician’s Name

Physician’s Phone

Medications/Allergies (if applicable)

I recognize I am responsible for providing adequate medical coverage in the event

my child is injured while participating in these Bellevue Girls Basketball Camp activities. I also authorize the Bellevue Girls Basketball Camp staff to seek the best professional medical care available in the event of injury to my child if a parent/guardian cannot be contacted. Parent/Guardian

Signature\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_