

2019 Salina Summer Basketball League

Team Name: _____

Please Print the Players Name and sign this Form giving your Parental Authorization & Waiver:

AUTHORIZATION & WAIVER:

As parent or guardian, I acknowledge the fact that my son is physically able to participate and thereby give permission for him to participate in the Salina Summer Basketball League. I authorize the staff and officials of the league to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release the summer league staff, officials, and USD 305 from any liability for any injury or illness incurred while my son participates in this activity. The undersigned hereby forever releases and holds harmless the summer league staff, officials, and USD 305 from any and all claims of any kind that the undersigned or his heirs, executors, or administrators may have or claim to have resulting from his participation in said program. The undersigned also agrees to be responsible for any insurance coverage and will be responsible for all medical bills incurred as a result of accidents for which medical treatment is necessary.

| | Player's First & Last Name | Yr Next Fall | Parent's Signature | Phone # |
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