

## ASSUMPTION OF RISK/PERMISSION TO PARTICIPATE

As a parent or guardian of a student requesting to voluntarily participate in the Future Spartans Girls Basketball Camp, I hereby acknowledge that I have read, understood and agree to the following :

I agree to discuss with my child appropriate behavior and conduct that is expected while attending this camp and to get an assurance from my child that she will abide by these expectations including proper respect to the adult coach(es)/staff in charge and other athletes participating in the program.

I hereby give my permission for \_\_\_\_\_ (print student name) to participate in the athletic camp located at Skyline High School from June 21-23, 2017.

Student's address: \_\_\_\_\_ City: \_\_\_\_\_

Student's home phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Family physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Medical insurance name: \_\_\_\_\_ Policy number: \_\_\_\_\_

Medical conditions, medication information or allergies (indicate "n/a" if not applicable):  
\_\_\_\_\_

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

\_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that participation in organized sports and sports instruction carries with it the risk for bodily contact that may cause physical injury, including but not limited to bruises, cuts, broken or dislocated bones, concussions, and the potential for other more serious injuries, including paralysis or death. I have discussed this potential with my child, and I believe that my child has sufficient physical ability to safely and voluntarily participate in this program.

I also certify that my child has no medical or physical conditions which could interfere with her safety in this activity.

I hereby authorize the coach/staff in charge and qualified medical professionals to examine my child in the event of an accident, injury or serious illness, and to administer emergency care to the above named participant. I understand that every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for the coach/staff to obtain emergency care for my participant, neither s/he or the Skyline Booster Club assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances. I understand that I am responsible for any costs associated with an accident or injury.

Being fully informed as to the risks, I hereby consent to my child's participation in this camp.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number