



PARENTAL WAIVER FORM

SOUTHWEST SLAM is a basketball program provided by HOOPS TRAINING

ATHLETE NAME: _____

MEDICAL INFORMATION:

Please list any current or previous medical concerns that HOOPS TRAINING should have knowledge of.

EMERGENCY CONTACT INFORMATION:

Please provide two or more contacts

	Contact #1	Contact #2	Contact #3 (optional)
Contact Name:			
Cell Phone Number:			
Relation to Athlete:			

CONSENT WAIVER:

I give my son/daughter permission to play for a Hoops Training sponsored team. I understand that the fees that I am responsible to pay are due at the time of tryout. I further realize that if my son/daughter does not make a team, I will be refunded all fees that have been paid. I also know and accept the policy that there will be no refunds after the first team practice should my son/daughter decide not to play or is unable to participate for whatever reason.

Additionally, I authorize Hoops Training to act in their best judgement in any emergency requirement of medical attention and hereby release Hoops Training from any and all liabilities for any injury or illness incurred while participating in tryouts, practices, games, and other Hoops Training sponsored events. I have no knowledge of any physical impairment that would be affected by the above named athlete participating with Hoops Training.

I also understand that Hoops Training retains the right to use, for publicity and advertising purposes, names and photographs of participants in the program.

Signature of Parent/Guardian

Date