



# Summer Series Parental Waiver

Athlete Name: \_\_\_\_\_ 2018-19 Grade: \_\_\_\_\_ Height: \_\_\_\_\_

Team & 2017-18 Level (A/B/C Travel, Middle School Team, etc): \_\_\_\_\_

Family or Parent Email Address: \_\_\_\_\_

**Summer Series dates you'll miss:**

\_\_\_\_\_

**What are the main weaknesses that you are looking to improve?**

(1) \_\_\_\_\_

(2) \_\_\_\_\_

## Medical Information

Please list any current or prior medical concerns that Hoops Training should have knowledge of:

## Emergency Contact Information

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relation to Athlete: \_\_\_\_\_ Relation to Athlete: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Consent Waiver:

I authorize Hoops Training LLC employees to act in their best judgment in any emergency requirement of medical attention. I hereby release Hoops Training and the employees of the facility used in training from any and all liabilities for any injury or illness incurred while participating in a Hoops Training session. I have no knowledge of any physical impairment that would be affected by the above named athlete participating in the Hoops Training program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

[www.HoopsTraining.com](http://www.HoopsTraining.com)

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