

****GENERAL CONTACT AND WAIVER FORM****



Redmond Select

BOYS' BASKETBALL

2009 SPRING AND SUMMER OPEN GYMS

Player's Name _____

First

Last

Grade Fall 2009 _____ **School** _____

Parent/Guardian _____

Name

Phone

Email

Home Address _____

Street

City

Zip

Emergency Contact #1 _____

Name

Phone

Emergency Contact #2 _____

Name

Phone

Insurance Carrier _____

Name

Group Number

Any medical conditions or allergies? **YES** **NO**

If Yes, briefly describe _____

By signing this form, I hereby assume all risks and hazards incidental to participation in Open Gym activities and to hereby waive, release, absolve, indemnify and agree to hold harmless the Redmond Select Basketball Boys' program, Lake Washington School District, instructors, coaches, and volunteers for any claim arising from participation of my child at any or all 2009 Spring and Summer Open Gyms.

Name _____ **Date** _____

Signature of parent/guardian