



# Redmond Select Boys' Basketball General Contact and Waiver Form Fall 2010

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

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Name

Phone

e-mail

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 accept 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 Boys' Basketball program, Lake Washington School District, instructors, coaches, and volunteers for any claim arising from participation of my child at any or all Fall 2010 Open Gyms.

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

Signature of Parent/Guardian