

LIL SKINS BASKETBALL CLINICS & LEAGUE



Player Name _____ Grade _____

Parent/Guardian _____ Phone _____

T-Shirt Size (circle one) YXS YS YM YL YXL AS AM AL AXL

Are you, the Parent/Guardian, interested in coaching a team? YES NO

Cost: \$25 Include Payment when you return registration OR you may pay at the first clinic on November 23.

Make Checks to Rush Springs Basketball.

Liability Waiver

I, _____, grant permission for my child, _____, to participate in the **Lil Skins Basketball Clinics and League**. This activity will take place under the guidance and direction of school employees and/or volunteers from Rush Springs Public Schools

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Rush Springs High School, its officers, directors and agents, coaches, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith.

Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name/Relationship: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

