

WAIVER OF LIABILITY AND MEDICAL RELEASE FORM

_____ has permission to participate in the TB Sports (dba Lathrop Thunder) Basketball Camp/ Tryouts. I, the undersigned parent/guardian, assume all risks and hazards incidental to participating in this activity and do hereby waive, release, and hold harmless, Lathrop Thunder, the City of Lathrop, their supervisors, participants, and coaches, from any claim arising out of injury to my child. I, the undersigned parent/guardian of the participant, am fully aware of the potential dangers and risks involved in this sport, including physical injury, death or other consequences that may arise or result directly or indirectly from participation in the activity. In the event of an accident or illness to our son/daughter, we authorize the identified representative of the Lathrop Thunder Program to obtain such medical diagnostic services as may be deemed necessary. Emergency treatment of a life threatening condition is authorized. Telephone contact for management of all serious conditions will be attempted if possible.

INFORMATION ABOUT YOUR CHILD:

ANY MEDICAL PROBLEMS: CIRCLE YES OR NO

Childs name : _____

Age and grade level : _____

Parent/Guardian name: _____ Phone _____

Parent/Guardian Signature _____ Date _____

EMERGENCY CONTACT

Name/Relationship: _____

Phone (Home / Cell): _____