

WAIVER: I give permission for my child/children:

_____ Grade Entering Fall _____
_____ Grade Entering Fall _____
_____ Grade Entering Fall _____
_____ Grade Entering Fall _____

to participate at HoopsCamp.NET

Monday through Friday

August 5th - August 9th, 2024

Prior to my child's

participation in the camp, I will inform the director of any health problems or restrictions that will affect my child's participation in the basketball camp.

I understand that the possibility of injury is inherent in basketball. In consideration of your acceptance of my child's entry, I hereby, for myself, my child, and our heirs, executors, and administrators, waive and release any and all rights, claims and damages we may have against HoopsCamp.NET and its coaches and volunteers, successors and assigns, for any and all injuries suffered by either of us at any activity sponsored by this group.

In the event of an emergency, I give permission for the above-mentioned child to receive medical treatment and to be transported by ambulance if necessary. I have provided HoopsCamp.NET with medical information pertinent to my child's participation in any recreation program and by this release authorize the dissemination of that information for any medical care and treatment.

I hereby certify that I am a person having legal responsibility for the child and that I am duly authorized to execute this release form.

Parent / Legal Guardian Signature: _____

Cell Phone: _____

Other Contact Name and/or Phone Number

Cost for this year's camp is \$85 - Make checks payable to name and address below. Venmo is @hoopscamp

HoopsCamp.NET
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Brattleboro, VT 05302