

Athlete's Waiver/Release Form

I, (Parent/Legal Guardian)

authorize all medical, surgical, diagnostic and hospital procedures as may be performed and/or prescribed by a physician for

(Athlete's Name) _____

in case of an emergency. Date _____

Signature _____ (Parent/Legal Guardian)

I hereby grant permission to the Clackamas Cage Camps to have my son/daughter treated by a physician if necessary. He/She is physically fit according to our family physician, and I acknowledge that I am responsible for any and all medical expenses due to my child's illness or injury.

ATHLETE'S MEDICAL INFORMATION

Chronic Conditions/Allergies _____

Athlete's Physician _____

Physician's Phone # _____

Medical Insurance Carrier _____

AMATEUR ATHLETIC MINOR WAIVER & RELEASE LIABILITY

Participant represents to the Clackamas Cage Camp that Participant is in physically sound condition and has no disability, illness or other condition preventing participant from engaging or otherwise participating in basketball. Participant understands and acknowledges that participation in basketball involves or otherwise includes risk of injury, including but not limited to knee and ankle injury, muscle strain and pull, shin splint and over exercising.