

Glencoe Boys Basketball Tournament

WAIVER and CONSENT FORM

TEAM NAME:	GRADE:
ATHLETE NAME (Please Print):	
PARENT/GUARDIAN NAME (S) (Please Print):	·
PHONE NUMBER (S):	
EMERGENCY CONTACT:	
EMERGENCY CONTACT PHONE NUMBER:	
MEDICAL INSURANCE CO:	POLICY #:
KNOWN MEDICAL CONDITIONS/ALLERGIES:	
Basketball Tournament at Glencoe High Schoproblems which may affect my son's ability to I realize that such activity involves the poter acknowledge that even with the best coaching strict observance of rules, injuries are still a can be so severe as to result in total disability that medical treatment on an emergency base.	to safely participate in this program. In tial for injury, which is inherent to all sports. I had, use of the most protective equipment, and possibility. On rare occasions these injuries by, paralysis, or even death. I further recognize has may be necessary at a time when I am not such emergency care, and I hereby authorize the asketball Program to act for me according to
I have read this waiver and agree to its conte Basketball, its coaches, Glencoe High School	ents and hereby waive and release Glencoe and the Hillsboro School District 1J from any esponsible for any medical or other charges in
PARENT SIGNATURE:	Date:
ATHLETE SIGNATURE:	Date:

Please submit this original signed form to your HEAD COACH.

Important: Head Coach—Please submit ALL team waivers clipped or stapled together.

Mail forms with Entry Fee or turn in the day of the tournament. Each Athlete <u>must</u> have signed form to participate.