

COACH KANE CAMPS

I/We, the undersigned hereby certify that I (we) am (are) the parent or legal guardian of
Player Name: _____

I hereby give permission for the staff of Coach Kane Camps to seek during the period of the camp appropriate medical attention for the camper and for the camper to receive medical attention in the event of accident, injury, or illness.

I will be responsible for any and all costs of medical attention and treatment, except for that covered by the camps' excess medical coverage policy.

I/We, the undersigned, understand that basketball is an active, physical sport and that injuries can take place during play.

I/We also understand there will be a number of children attending camp, there will be a limited number of coaches and/or counselors and that our child cannot receive individualized attention and supervision all of the time.

I/We understand that, as with any sport, injuries can occur and we hereby acknowledge that our child is physically fit and mentally capable of participating in basketball and camp activities.

I/We, represent that I/We have sought the opinion of our child's physician,
Physician's Name: _____ and (s)he concurs that, my child is fully capable of safely engaging in these activities.

I/We also understand that it is my/our responsibility in caring for the camper listed above; to be assured that (s)he is fully capable of engaging in this sports activity.

Our heirs, executors, and administrators, waive, release and forever discharge Coach Kane Camps and its staff, officers, agents, employees, representatives, successors, and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in camp activities or while at camp, whether or not damages, injury, or loss is due to negligence.

Signature of Parent/Guardian: _____

Date Signed: _____