



Basketball Training Waiver Form

(Must be read and signed prior to your child/children's participation)

Parent or Guardian Release:

Player Name(s): _____

Player DOB: _____

Email Contact: _____

Emergency Contact 1: __phone_____relationship_____

Emergency Contact 2: __phone_____relationship_____

By enrolling my player I insure that such individual is physically and mentally able to participate in all of the A-Game Athletics basketball training activities and has been examined by a licensed medical physician within one (1) year prior to attending these training sessions. I understand that Austin Little, A-Game Athletics, any independent contractors working for or in partnership with A-Game Athletics, or the property where the sessions are held and any of its officials cannot be held responsible in whole or in part for any accidents, injuries or illnesses resulting in medical or dental expenses incurred from participation in the basketball training activities. I hereby release Austin Little, A-Game Athletics, any independent contractors working for or in partnership with A-Game Athletics, or the property where the sessions are held and any of its officials from and against any and all claims, costs, liabilities and injuries incurred while in training.

I agree to assume full and complete responsibility for any and all medical and/or dental bills arising from the player's participation in these training activities. In the event of an emergency, I authorize Austin Little, A-Game Athletics, and/or any independent contractors working for or in partnership with A-Game Athletics to exercise their judgement in the treatment of said player by a medical authority. By signing this release and agreement I acknowledge that I have read and fully understand and agree to all of its terms.

Parent/Guardian Signature: _____ Date: _____