



**Skills Clinics & Individual Lessons**

**Medical & Liability Release Form**

Players Name (Please Print): \_\_\_\_\_

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**Liability Waiver:**

To the best of my knowledge, there are no physical or other health related conditions, which will interfere with my child's participation. I, the undersigned parent/guardian for the above-named Player, understand and acknowledge that such recreational activities have inherent risks, dangers and hazards, foreseeable and unforeseeable, that may result in injury, illness, or property damage, and on behalf of myself, my family, agents and contractors, I hereby release and agree to hold harmless Team Storm Basketball Club, Storm Sports S.E., its sponsors and its volunteer coaches, managers, club officers and directors, from all claims, actions, or losses related Thereto. Team Storm Basketball Club assumes no liability for injury or damage arising from the results of participation in club activities.

**Medical Treatment Release:**

Due to the strenuous nature of basketball, the Player participant is urged to consult his physician concerning her fitness to participate. I, the undersigned parent/guardian for the above-named Player hereby approve of my child's participation in the Team Storm Basketball Club program and consent to emergency medical treatment for my child on my behalf. I also authorize any adult representing Team Storm Basketball Club, to obtain any necessary medical treatment for my child on my behalf, in case of an emergency, where I am not present and with the understanding that I will be notified as soon as possible.

Parents Name (Please Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact #: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

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**Insurance Information:**

Insurance Company: \_\_\_\_\_ Contract Number: \_\_\_\_\_

Name on Insurance Card: \_\_\_\_\_ Responsible Party: \_\_\_\_\_

Any Known Allergies or Information we should be aware of prior to treatment: