

Basketball Training Waiver Form

Please complete this form in its entirety for the protection of your son/daughter. Once the form is completed make sure it is signed. Please bring this form to your first day of training. If you have questions please give us a call at 269-370-7342.

Players Name [Click here to enter text.](#) Address: [Click here to enter text.](#)

City: [Click here to enter text.](#) State [Click here to enter text.](#) Zip: [Click here to enter text.](#)

Email [Click here to enter text.](#) Parent's # [Click here to enter text.](#)

In case of an emergency call

I. Name: [Click here to enter text.](#) Relationship [Click here to enter text.](#)

Phone# [Click here to enter text.](#)

II. Name: [Click here to enter text.](#) Relationship [Click here to enter text.](#)

Phone# [Click here to enter text.](#)

III. Name: [Click here to enter text.](#) Relationship [Click here to enter text.](#)

Phone# [Click here to enter text.](#)

For consideration of my child's participation in training with Lora Starks and Phinehas Starks, I hereby agree and promise that I will not hold Lora Starks, Phinehas Starks or any volunteer staff and/or representatives responsible for any loss, damages, or personal injuries that my child may receive as a result of participation.

X_____ [Click here to enter a date.](#)

X_____ [Click here to enter a date.](#)

X_____ [Click here to enter a date.](#)

Please sign and return the Basketball Waiver Form by your next training session