

Waiver

Please fill out the waiver, athlete information and your contact information.

I understand that my participation in Westside Basketball Academy or Clinics may involve risk or injury. I release, hold harmless, discharge and agree not to sue Westside Basketball or staff for injuries, which may occur during scrimmages or training. I have given my son/daughter permission to participate in the Westside Basketball Academy training and conditioning program.

If an injury occurs, I authorize the camp staff to take all proper action and use the emergency service available at the nearest medical center. I authorize the staff personnel to take action. Please print, sign and return to the address below at least 3 days prior to start of camp/clinic. For any questions, please contact us.

Participants Name _____

Grade Level _____ T-Shirt Size: Youth _____ Adult _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Phone #1 _____

Phone #2 _____

Email #1 _____

Email #2 _____

Please send this completed form to:

Westside Basketball
2930 SE Cornutt St.
Hillsboro, OR 97123

Contact Information

Phone #: 503-332-4794
E-Mail: kevin-schmidt@comcast.net
Web Address: www.westsidebasketball.net