

PARKLAND SUMMER LEAGUE LIABILITY WAIVER

In order to compete in the Parkland HS Summer League all players must complete and sign this form prior to participation.

NO ONE WILL BE ALLOWED TO PARTICIPATE WITHOUT A COMPLETED WAIVER

PARTICIPANTS NAME: _____

MEDICAL INSURANCE CO.: _____

GROUP#: _____

POLICY#: _____

My daughter has permission to participate in the Parkland HS Basketball Summer League and I release the Parkland School District and all Summer League Staff and officials from any liability in the case of injury to my child. I also understand and agree that any financial cost for treatment and rehabilitation as a result of any injuries sustained to my child while participating in this league will be my responsibility. My child agrees to follow all summer league policies while participating in the league and conducting herself in a manner consistent with good sportsmanship and fair play.

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____