



Skills + Will

Basketball fundamentals, functional training,
and game time performance.

FOR HIGH SCHOOL AND COLLEGE PLAYERS ONLY

Personal Information

Name: _____ Home Phone: _____

Address: _____

Age: _____ Grade: _____ Sex: _____

E-mail Address: _____ Medical Problems: _____

Mother's Name: _____ Father's Name: _____

Mother's cell phone: _____ Father's cell phone: _____

Mail Payment to Bill Curley Basketball Clinic, PO Box 1563, Duxbury, MA 02331

Boys, Duxbury.

Girls, Duxbury.

I Waiver of Liability

Participant and Participant's Parent/Guardian, individually, and on behalf of their heirs, executors, administrators and assigns, do hereby release, waive, and relinquish, and forever hold harmless, the Clinic, its agents, employees, and Bill Curley, from any and all liability and causes of action for any personal injury, bodily injury, illness, death, loss, or other damages to Participant whatsoever, which arise out of or in any way relate to Participant's participation in the Clinic.

II Medical Treatment

Participant and Participant's Parent/Guardian authorize the Clinic or its agents, employees, or representatives to obtain emergency medical treatment on behalf of Participant in the event that, in the opinion of the Clinic, Participant is in need of such treatment. Participant and Participant's Parent/Guardian further agree that they will be responsible for the payment of such medical treatment and further release the Clinic or its agents, employees, or representatives for any damages sustained by Participant in connection with the provision of emergency medical treatment. Participant and Participant's Parent/Guardian will indemnify and hold harmless the Clinic for any claims or payment by providers of any such medical care.

I have read, understand, and voluntarily agree to be bound by each of the terms stated above.

Signature of Parent/Guardian _____ Date _____

VOLUNTEER COACH: Yes _____ Name _____

