



Bill Curley Basketball Clinic

Skills + Will | Grades 4 – 12

Personal Information

Name: _____ Home Phone: _____

Mailing Address: _____

Age: _____ Grade entering: _____ Sex: M _____ F _____ Height: _____' _____"

E-mail address: _____

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

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

T-shirt Size: S _____ M _____ L _____ XL _____

Medical Information

Family Dentist/Orthodontist: _____ Phone: _____

Family Physician: _____ Phone: _____

Medical Insurance Company: _____ Phone: _____

Medical Issues: _____

**** In addition to the above information please include a copy of your child's most recent physical****

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.

III. Minor Photo Release Form

I give the Bill Curley Basketball Clinic permission to publish in print, electronic media, video format, and/or future media the likeness or image of my child. I release all claim against the clinic with respect to copyright ownership and publication including any claim for compensation related to the use of the materials.

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

Signature of Parent/Guardian _____ Date _____