

ST. AMBROSE CYO SUMMER BASKETBALL TRAINING REGISTRATION

Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home & Cell): _____

Age: _____ 2013-2014 Grade: _____

E-mail (Please Print): _____

Waiver and Insurance Information

Please provide specific written instructions for any special medical conditions that you deem necessary while participating in this training camp.

I verify that my child has been seen by a licensed physician and is physically able to participate in this training camp. I hereby authorize the St. Ambrose Basketball Coaches to act for me, according to their best judgment in any medical emergency, while there is an attempt to contact me. I waive and release St. Ambrose School, Church, the CYO Program, the CYO Board/Coaches, and this training camp from any liability, injuries or illness incurred while attending the training sessions. The participant shall use the facilities of St. Ambrose School and/or other designated facilities at his/her own risk. St. Ambrose School, the CYO Program, and its CYO Board/Coaches shall not be liable for any damages.

Signature of Parent or Guardian & Date

Insurance Company & Policy Number