

Waiver/Release Form

In consideration of		, my minor/child, beir	ng permitted to participate in the
S.A.F.E. Skills Clinic	(Name of Registran	nt), the undersigned acknowledges, ap	preciates, and agrees to the following:
change. I understan cautions taken by W	d that participation i	vsical activity that involves running, juin basketball involves certain inherent , some injuries may occur. These injur cated joints.	risks and that regardless of the pre-
•	•	ohysical condition is consistent with the fall my child's known health conditio	·
-			sk questions and have them answered. I in active participation in these basket-
all activities of the S and I release, absolv	S.A.F.E. Skills Clinic. I ve, indemnify, and ho	assume all the risks and hazards incide old harmless Will Njoku (Will2Win). In	oval of his/her participation in any and ental to the conduct of the activities, the case of injury to my son/daughter ng permission for my son/daughter to
X			
Signature of C	Guardian	Printed Name	Date



Registrant Information

GENERAL	
Name of Guardian	
Mailing Address	
Preferred Email Address	
Home / Mobile Telephone Number	
Emergency Contact	
Pertinent Medical Information	
Medicare Number	
Family Doctor	
Name of Registrant	
Date of Birth	
BASKETBALL	
Goals	
Years of Experience	
Current Level of Play (i.e. Provincial)	
2 Strengths	
2 Weaknesses	
ALL ABOUT YOU	
Favorite:	
School Subject/ Color/ Brand	
NBA Team/ Player	
Teammate	
Best Friend	
Most Challenging School Subject	