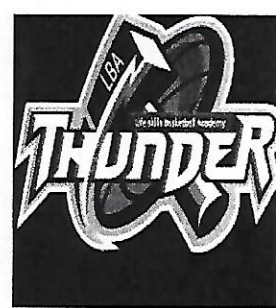




# Overhills Thunder Basketball

59 Forest Dale Dr.  
Cameron, NC 28326  
Phone: 919-356-0446

*"Ball in Hand, Success in Mind"*



## Registration and Liability Waiver Form

Student-Athlete's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parent email address \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Phone \_\_\_\_\_

Emergency Contact's Name \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Does the Player Have Asthma? (Circle One) Yes No

In case of emergency, do you want the clinic directors to seek medical care?

(Circle One) Yes No

Physician \_\_\_\_\_ Phone \_\_\_\_\_

LIABILITY WAIVER: I am aware that participation in the Life Skillz Basketball Academy Training Camps has some inherent risks and injury can occur. On rare occasions these injuries can be serious. In consideration of my child being allowed to participate in the Life Skillz Basketball Academy Training, I, the parent/guardian, assume the risk of all injury and agree not to sue Life Skillz Basketball Academy, the camp directors, coaches, assistant coaches, agents, or volunteers for any and all injuries caused by or resulting from participating in the Life Skillz Basketball Camp. By signing this waiver, I also authorize the use of pictures of the above-named participant to be posted on the Life Skillz Basketball Academy web site or advertising media published by Life Skillz Basketball Academy .

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_