

OAK VIEW BASKETBALL

PERMISSION SLIP

Although all safety precautions are applied, I am well aware that in all sporting activities, there remains the risk of injury. Furthermore, I am also aware that my child is NOT automatically covered under any accident insurance policy provided by the Home and School Association. **As such, I accept all responsibility for any injuries that may occur to my child.** In the case of an injury, I agree to hold harmless the Home and School Association, its officers, coaches, players or any other individual associated with this program, liable for any such injuries.

Please make sure that proof of medical insurance is included with payment or your child will not be able to practice or play until it is received.

I, the Parent/Guardian of _____ hereby authorize his/her participation in the Bloomfield Elementary School Basketball Program.

Grade: _____

Phone Number: _____

Emergency Phone Number/Contact: _____ / _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Do Not Write in this Area

Check # _____ Cash _____

Amount Paid \$ _____

Insurance Card Yes / No