

Sisters Shootout Series
2009 Youth Basketball Tournaments
Activities Waiver Form

STUDENTS NAME _____

MAILING ADDRESS _____
(CITY, STATE, ZIP CODE)

HOME PHONE _____ PARENTS WORK PHONE _____

GRADE _____ AGE _____ TEAM NAME _____

ANY ALLERGIES _____

MEDICATIONS _____

AMATEUR ATHLETIC MINOR WAIVER AND RELEASE OF LIABILITY

I hereby register my child for SOAR activities and authorize the staff to direct him or her in participation of activities. I know of no mental or physical problems which may affect his or her ability to safely participate in this activity. I authorize SOAR personnel to attend to any health problem or injury to my child that may occur while participating. I hereby release and hold harmless the Sisters School District and the personnel of SOAR from any liability that may arise from my child's participation. I acknowledge that I am responsible for any and all medical expenses due to my child's illness or injury.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, I UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

PARENT OR GUARDIAN _____
(SIGNATURE / RELATIONSHIP)

DATE _____

SOAR
BASKETBALL TOURNAMENTS
P.O. BOX 2215
SISTERS, OREGON 97759-2215

PHONE (541) 549-2091
FAX (541) 549-0997

