

# CT GOATS AAU BASKETBALL INFO SHEET

Name:

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Parents Name:

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Address:

City:

State:

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Phone:

Cell Phone:

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Emergency Notification:

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Age:

Grade:

Height:

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E-mail:

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Medical Condition (If any)

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## Waiver:

I hereby authorize the staff of THE NJ GOATS to act for me according to their best judgment in any emergency requiring medical attention for my child, if I cannot be contacted

In consideration of acceptance of my child, I hereby for myself, my child, their heirs, executors and administrators hold harmless, waive and release any claim we may have for damages against their officers, employees or representatives, or their successors or assigns for any and all injuries that may be suffered. I certify that I am parent/guardian of:

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and I am over the age of 18 years. I further agree that the above named parties are under no obligation to provide a physical examination or other evidence of my child's fitness to participate in this program, the same being my sole responsibility.

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SIGNATURE OF PARENT/GUARDIAN

DATE

I attest that my child is in sound condition to participate in all activities.