

**Liability Waiver Form JAHE Basketball Camps**

Child/Children participating:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Liability Waiver covers all JAHE basketball camps between: July 2013-Nov. 2013**

To the best of my knowledge, my child/ren is/are in good physical condition and fully able to participate in any JAHE sponsored Basketball camps. I am fully aware of the risks and hazards connected with the participation in this event, including physical injury or even death, and hereby elect to voluntarily participate in said event, knowing that the associated physical activity may be hazardous to me and to my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this course.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENEANT NOT TO SUE **JAHE and/or JAHE PATRIOTS** from any and all liability, claims, demands, action and causes of actions whatsoever arising of or related to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the event is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the **Michigan**.

In signing this release, I acknowledge and represent that I HAVE READ THE FORGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### JAHE Sports Club Player Identification and Medical Card

Every JAHE Sports participant is required to complete the following, including parent / guardian signatures. Players will not be permitted to participate in practices or games until this form has been completed and turned in.

Sports (Circle):      Boys Basketball      Girls Basketball      Girls Volleyball

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ID/MEDICAL cards will be kept on hand at all practices and games. We hope that they will never be necessary. However, in the event of a medical emergency, we want to be sure that we can provide the best care possible to players. Having this ID/MEDICAL card on hand will insure that any necessary treatment and care can be rendered immediately in the event that we are not able to contact a parent.

PLAYER NAME: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: M / F

Street: \_\_\_\_\_, City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Other Emergency Contact?: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Insurance (optional): \_\_\_\_\_

Medical Conditions, allergies or regular medications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the event of an emergency, I hereby authorize that medical services be given to my child as deemed necessary by the attending physician.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_