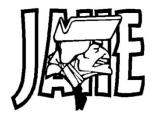
## **Liability Waiver Form JAHE Basketball Camps**

Child/Children participating:

Name:	me:Birthdate:		
Name:	Birthdate:		
Name:	Birthdate:		
Name:	Birthdate:		
Liability Waiver covers a	ll JAHE basketball camps between: July 2013-Nov. 2013		
participate in any JAHE spons connected with the participa hereby elect to voluntarily parti may be hazardous to me RESPONSIBILITY FOR AN INJURY, INCLUDING DEA	my child/ren is/are in good physical condition and fully able to ored Basketball camps. I am fully aware of the risks and hazards ation in this event, including physical injury or even death, and deipate in said event, knowing that the associated physical activity and to my property. I VOLUNTARILY ASSUME FULL Y RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL TH, that may be sustained by me, or loss or damage to property me, as a result of participation in this course.		
and/or JAHE PATRIOTS factions whatsoever arising of of be sustained by me, or to any process of the sustained by the sustained	E, DISCHARGE, AND COVENEANT NOT TO SUE <b>JAHE</b> from any and all liability, claims, demands, action and causes of or related to any loss, damage or injury, including death, that may property belonging to me, while participating in physical activity, on the premises where the event is being conducted.		
my family and spouse, if I am deceased, and shall be deemed TO SUE the above named REL	is release and hold harmless agreement shall bind the members of alive, and my heirs, assigns and personal representative, if I am d as a RELEASE, WAIVE, DISCHARGE, and CONVENTION LEASEES. I hereby further agree that this Waiver of Liability and all be constructed in accordance with the laws of the <b>Michigan</b> .		
Waiver of Liability and Ho VOLUNTARILY as my of inducements, apart from the to THIS RELEASE FOR FULL.	nowledge and represent that I HAVE READ THE FORGOING old Harmless Agreement, UNDERSTAND IT AND SIGN IT own free act and deed; no oral representations, statements or foregoing written agreements have been made and I EXECUTE, ADEQUATE AND COMPLETE CONSIDERATION FULLY ENTING TO BE BOUND BY SAME.		
Signature:	Date:		

## **Jackson Area Home Educators**



PO Box 6380, Jackson, MI 49204 (517) 783-9378 www.jahe.info

## **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	
ID/MEDICAL cards will be kept or However, in the event of a medic players. Having this ID/MEDICAL immediately in the event that we	cal emergency, we want to card on hand will insure t	be sure that we can prove that any necessary treatme	ride the best care possible to	
PLAYER NAME:	Bir	thday: Grac	de: Sex: M / F	
Street:	, City:	, State:	, Zip:	
	Mother:			
Home Phone:	Cell Phone:	Email:		
Other Emergency Contact?:		Phone:		
Family Physician:	Insura	ance (optional):		
Medical Conditions, allergies c	or regular medications:			
In the event of an emergency	, I hereby authorize tha	t medical services be giv	ven to my child as	
deemed necessary by the atte	•			
Parent / Guardian Signature:		Da	.te:	