

Cash\_\_\_\_\_ Check#\_\_\_\_\_ Not Paid\_\_\_\_\_

**HIDENWOOD PRESBYTERIAN CHURCH  
WAIVER OF LIABILITY**

**YOUTH CHURCH LEAGUE BASKETBALL  
2018 WINTER LEAGUE**

**There is a \$45 player participation fee to play in the HPC Church League Basketball. Please make checks payable to Hidenwood Presbyterian Church.**

*Please print all information.*

\_\_\_\_\_  
**PARTICIPANTS NAME**                      **DATE OF BIRTH**                      **AGE ON  
DEC 1, 2017**

\_\_\_\_\_  
**STREET ADDRESS, APT. #**                      **ZIP CODE**                      **PHONE NUMBER**

**YOUR RELATIONSHIP TO PARTICIPANT?**    *PARENT*    *GRANDPARENT*    *GUARDIAN*  
*(CIRCLE ONE)*

**SCHOOL ATTENDED BY PARTICIPANT:** \_\_\_\_\_

I, **parent, grandparent, guardian (circle one)** hereby grant, \_\_\_\_\_, permission to participate in the **YOUTH BASKETBALL** program for the **WINTER 2018** season. By signing and submitting this contract, the participant and parent, grandparent, guardian hereby assume full responsibility and understand all the risks associated with playing **YOUTH BASKETBALL**, including sprained or broken ankles and wrists, cuts, bruises, pulled muscles, etc., while performing the skills of the sport or any other activity associated with playing the sport. Also, the participant and parent, grandparent, guardian are responsible for any and all damages, losses, or injuries that he/she may incur, while attending or participating in the program and hereby expressly waiver any and all claims or causes against **HIDENWOOD PRESBYTERIAN CHURCH**, including its members, agents, and sponsors.

Further, my child **DOES / DOES NOT** (circle one) have any illness or disorders that would prevent **HIM / HER** (circle one) from participating in this program. If there is an illness, please explain:

\_\_\_\_\_

I have read and understand the above statement.    YES\_\_\_\_\_ (initial)

\_\_\_\_\_  
**SIGNATURE**                      **PRINTED NAME**                      **DATE**