

Azle End of Summer Basketball Classic

Player Participation Agreement/Waiver Form

Player _____ Phone _____

Address _____

City _____ State _____ Zip _____

School/Team _____ Coach _____

Grade entering 2011/2012 school year: _____

Player Participation Agreement

I have read and understand the rules of the Azle End of Summer Classic Tournament. I agree to abide by the tournament rules and will display proper sportsmanship at all times. I agree to refrain from the use of offensive language and understand the consequences (which will be determined at the discretion of the tournament directors) of unsportsman-like conduct. I also certify that I am entering the grade level indicated above for the 2011/2012 school year.

Player Signature _____ Date _____

Parent Signature _____ Date _____

Parent Waiver

We, the parents of the above named player, hereby grant permission for him to participate in the Azle End of Summer Basketball Classic Tournament. We acknowledge that the said participant is physically able to participate and we understand the risk of playing basketball. We hereby release the Azle independent School District and the Tournament Organizers for ALL claims for injuries or illness which may be sustained from participated in the tournament. We authorize the tournament organizers to select hospital facilities and/or physicians of their choice and authorize treatment of the above name participant on an emergency basis in the even such treatment becomes necessary. I further understand that the Azle end of Summer Basketball Classic Tournament and Azle Independent School District will NOT carry medical insurance and I am responsible for and payments thereof.

Parent's Signature _____ Date: _____

Parents Name (printed) _____

Address _____ Phone _____

City _____ State _____ Zip _____

Work Phone _____

Insurance Company _____ Policy # _____