



BASKETBALL TRAINING

Fall Basketball Academy 2010

Players Name: _____

Address: _____

Player's E-Mail: _____ **Parent's Email:** _____

Contact Number: _____ **Shirt Size:** _____

Current Grade: _____

I, undersigned parent of, hereby acknowledge and agree to release Bound 4 Glory, Duez Henderson, Jason Price, all gym facilities, all sponsor, employees, medical trainers and consultants, fully harmless from any injury, claim, legal fees, or damage which may occur to my child as a participating member of Bound 4 Glory Training.

I acknowledge that I have read this hold harmless/release of liability form and I fully understand the contents. I give my child permission to participate in the Bound 4 Glory Complete Player Clinic.

Parent/Legal Guardian: _____ **Date:** _____

MEDICAL INFORMATION

Emergency Contact: _____

Emergency Phone: _____

Insurance Company: _____ **Insurance Number:** _____

Any Known Medical Conditions/Allergies? Yes ___ **No** ___

If yes, please explain: _____

In case of accident or illness, I hereby give permission that my child is given emergency treatment.

In the event I cannot be contacted, I further authorize and consent to the administration of any and all medical, dental, and surgical examinations or operation and treatment or all related care that may be ordered at the physician and or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical reports to any doctor, dentist, or agency and consent to the admission of the above named minor person to the hospital.

Parent/Legal Guardian: _____ **Date:** _____

Please make checks payable to: "Bound 4 Glory Sports"
Mail to: **Bound 4 Glory Sports**
P.O. Box 144
North Liberty, IA 52317