

As CAROLINA BASKETBALL ASSOCIATION, LLC

CARDINAL NEWMAN HIGH SCHOOL CAMP Liability Waiver Form

Athlete's Name _____

Address _____

City _____ Zip _____

Parent's email address _____

Parent/Guardian's Preferred Phone _____

Emergency Contact's Name _____

Emergency Phone _____

Does Athlete have any long-term or current health issues?

In case of emergency, do you want the site directors to seek medical care?

(Circle One) Yes No

Designated Physician's Name _____

Phone _____

LIABILITY WAIVER AGREEMENT

I am aware that participation in the Carolina Basketball Association Camp has some inherent risks and injuries could occur. While it is unlikely, on rare occasions, these injuries could be serious. In consideration of my child (athlete) being allowed to participate in the Carolina Basketball Association Camp, I, the parent/guardian, assume the risk of all injury and agree not to sue Carolina Basketball Association, Cardinal Newman High School, camp directors, coaches, assistant coaches, agents, or volunteers for any and all injuries caused by or resulting from their participation in the Carolina Basketball Association Camp.

All current South Carolina and CDC protocols with respect to COVID-19 will be followed on the date of the camp.

By signing this waiver, I also authorize the use of pictures of the above-named participant to be posted on the Carolina Basketball Association website or advertising media published in the future by Carolina Basketball Association.

Parent/Guardian Signature _____

Date _____

Carolina Basketball Association, LLC
P. O. Box 506, Chapin, SC 29036