



GENERAL LIABILITY WAIVER

Athlete Name

Guardian Name/Cell Phone/Email

Program registering for

Amount Submitted

\$ _____

Guardian Signature

WE/I have adequate insurance coverage and give permission for the following to attend and participate in BBA Basketball Training.

My athlete(s) have had a recent physical exam and may participate in all the activities of BBA Basketball Training. WE/I give permission for the said person(s) to receive necessary treatments from a member of the staff in an emergency.

WE/I agree to hold harmless from and indemnify the staff of BBA from any claims which may hereafter be incurred as a result of participation in this camp.

BBA Photo Waiver

In the case that we would like to use a photo of your son and/or daughter on our website and/or brochure, please give your permission by signing the registration form.

Refund and Use Policy

No refunds unless there is a valid reason, sickness, or injury. For clinics and programs, we accept payment up until the 1st day of the program.