



GATOR BASKETBALL REGISTRATION/WAIVER FORM

___ Gator Youth Camp

___ Gator Youth Player Development

Player Name: _____

School (Fall): _____

Grade (Fall): _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-Mail: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

2nd Emergency Contact Name: _____

2nd Emergency Contact Phone: _____

Insurance Company: _____

Policy Number: _____

I/we hereby authorize the Gator Basketball Camp/Player Development Staff to act for parent/legal guardian according to their best judgment in any emergency requiring medical attention. In case of an emergency, the parent/legal guardian will be notified immediately. The parent/legal guardian further agrees to waive and release Jefferson County Schools and Gator Basketball Staff for any injuries, losses or damage while at the camp and from and all liabilities therein. I/we fully understand that the Jefferson County Schools and Gator Basketball Staff do not provide any accident or health insurance coverage while participating in camp and/or player development. I fully understand that it is my/our responsibility to provide insurance coverage for my son/daughter.

Parent/Guardian Signature: _____ Date: _____

Please fill out this entry form and bring it to camp/player development.

Standley Lake High School
9300 W. 104th Avenue
Westminster, CO 80021

GATOR BASKETBALL HEART
HUMILITY – EXCELLENCE – ATTITUDE – RESPONSIBILITY – TEAM