

High School Basketball Tryout Waiver

I, the undersigned, hereby acknowledge that participation in the basketball tryouts for involves inherent risks of injury. I understand these risks and agree to release and hold harmless (school/organization), its employees, agents, and representatives from any and all liability for injuries, damages, or harm that may occur during participation.

I certify that my child/ward is physically fit and able to participate in the tryouts and that I have informed the organizers of any relevant medical conditions.

Participant Information

Student Name:

Grade:

Emergency Contact Name:

Emergency Contact Phone:

Relevant Medical Conditions:

Parent/Guardian Consent

I have read and understand the above waiver and give permission for my child/ward to participate in the basketball tryouts.

Parent/Guardian Name:

Signature:

Date:

*This form must be completed and signed by a parent or guardian before tryout participation.

