

Three Forks School Little Wolves Basketball Individual Waiver Form

If your son or daughter is interested in participating in Little Wolves Basketball (grades 3-6) please complete this waiver/participation form and return it to the elementary school or middle school main office. If forms are not signed and returned prior to December 15th, your child will not be able to participate in the program. A parent - player meeting will be held on December 17th @ 10:00 a.m. in the High School Gym. At this time your child will be notified of his or her team and receive a game schedule.

Player Name: _____ (please print)

Grade Level: _____

T-shirt Size: YS YM YL YXL AS AM AL AXL (please circle)

Please list any health related information that coaches should be made aware of:

I affirm that the above player has agreed to participate in Little Wolves Basketball. I understand that this sport may have an element of risk and, as a parent/legal guardian of the player, I take full responsibility for his/her actions and physical condition. I release and agree to indemnify and hold harmless the Three Forks School District and its representatives and coaches from all claims or liability for damages and/or injuries, to the player that may incur in conjunction with this activity.

Parent / Legal Guardian (Print) _____

Parent / Legal Guardian (Signature) _____ **Date** _____