



**LAKE WASHINGTON GIRLS MIDDLE SCHOOL BASKETBALL REGISTRATION AND WAIVER FORM**

**Individual Player Information**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Please attach a check payable to LWGMS for \$65.00 for registration fee. If you need this fee reduced or waived, please call Cary at 206 709 3800.

With the signature(s) below, permission is hereby granted for \_\_\_\_\_ (participant) to participate in all practice sessions, games and other activities involving the Lake Washington Girls Middle School Basketball Team during the 2007 - 2008 season. This permission extends to any travel to and from any and all practice sessions, games and other activities sponsored and arranged by the Basketball Team.

This permission is granted without reservation. Recognizing the risks presented by the competitive sport of basketball, the signature below indicates a knowing, voluntary release of any claim which might be asserted against Lake Washington Girls Middle School, its Board, officers, teachers, administrative assistants, coaches, assistant coaches, managers, sponsors, chaperones, designated drivers, volunteers and any other agents representing Lake Washington Girls Middle School or the Cascade Middle School League. By waiving any right to assert a claim, I am agreeing to release, absolve and indemnify and hold harmless any and all parties previously mentioned for any and all liability arising from any injuries incurred by participating as a member of the Lake Washington Girls Middle School Basketball Team. My waiver expressly means that I, the participant's legal parent or legal guardian, accept and assume all risks and hazards inherent in and related to activities of the Lake Washington Girls Middle School Basketball Team, including any travel to and from activities sponsored and arranged by the Team or School.

I, the participant's legal parent or guardian, do understand that insurance may not be provided by Lake Washington Girls Middle School, and do hereby release, absolve and agree to hold harmless Lake Washington Girls Middle School, its Board, officers, teachers, administrative assistants, coaches, assistant coaches, managers, sponsors, chaperones, designated drivers, volunteers and any other agents representing Lake Washington Girls Middle School or the Cascade Middle School League and its participating schools in the event of an accident of injury to my child.

This permission also includes my authorization for emergency medical treatment deemed appropriate and necessary by any coach, assistant coach or representative or agent thereof for participant, including transport to the nearest medical facility adequate to treat the emergency. Participant has the following medical condition(s):

\_\_\_\_\_

Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Plan \_\_\_\_\_ Medical Plan Number \_\_\_\_\_

I am interested in volunteering for the following jobs:

- Assistant Coach
- Transportation coordinator (arrange for carpools to away games)
- First aid (make sure insurance information, ice, and first aid kit are at each game/practice)
- Uniform/t-shirt coordinator
- Team picture coordinator
- Snack coordinator
- End of season party coordinator

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\$65.00 fee enclosed? Initial here: \_\_\_\_\_