

**St. Bernard School Travel Basketball
2009-10 Waiver & Information Form**

Participants Name _____ **Grade:** _____

Age as of December 31, 2009 _____ **D.O.B.** _____

Parish Church Attended _____

**Parent/Guardian Name
(Print)** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

#1 E-Mail: _____

#2 E-Mail: _____

**Participant Medical Conditions or
Allergies:** _____

Doctors Name: _____ **Phone Number:** _____

I, the parent/guardian of the above named child, hereby give my approval for this child to participate in the basketball program sponsored by St. Bernard Travel Basketball. I know that participation in the basketball program may result in serious injuries. I do hereby waive, release, indemnify and agree to hold harmless the St. Bernard School, It's Arch Diocese, St. Bernard Travel Basketball team members, its officers, members, sponsors, supervisors, coaches, volunteers and participants and invitees from any claims arising out of any injury to my child, whether the result of negligence or for any other cause.

Parent/Guardian Signature: _____

Date: _____