



MIDDLE SCHOOL DROP-IN BASKETBALL WAIVER

Participant's Name: _____

Address: _____

Email: _____

Phone Number: _____

Emergency Contact Name (Legal Guardian): _____

Relationship to Participant: _____

Emergency Contact Phone Number: _____

LIABILITY RELEASE

The East Granby Parks & Recreation is not responsible for personal injuries, damages or losses, which may occur. As in any sports or activities, there is a certain amount of inherent risk involved. Your signature on this form indicates recognition of these risks, permission to participate and consent to secure emergency medical treatment in the event of these risks. I give my permission to participate and consent to secure emergency medical treatment if needed.

Signature of Parent/Guardian: _____ Date: _____

EAST GRANBY PARKS & RECREATION
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