

2022 EDINBORO SHOOTOUT

Parent/Guardian Authorization

I hereby approve my child's participation in the Achieve Your Dreams Boys' and Girls' Basketball summer camp and verify that he or she is in good health and able to participate in programs and activities. I authorize that the directors act for me according to their best judgment in any emergency requiring medical attention for which service I will pay. It is expressly agreed that all participation in activities shall be undertaken by me at the sole risk and that the academy, it's directors, servants, agents or any such employee shall not be liable to me for any claims, demands, injuries, damages, actions or causes of action to my person or property arising out of use in the academy by me.

Signature of Player (ink only)

X _____

Signature of Parent or Guardian (ink only)

X _____