



PARENT INFO AND WAIVER

Players Name and Age: _____

Parents Name and Phone Number: _____

Email: _____

City of Residence: _____

Other Siblings that will Participate and Age: _____

I hereby authorize the staff of the Basketball School Of Sandpoint (BSS) to act according to their best judgement in the event of an emergency. I hereby waive and release Darren Laiche and the Staff from any liability for any injuries incurred while my child participates in the BSS. I also am OK with my child's picture/video being shared online to promote the BSS.

Signature of Parent and Date: _____

🏀 Bring a basketball and water bottle. Sign in on the clipboard. Repeat drills daily for maximum improvement. Parents can stay & watch or drop off & pick up. Join our FB Group for up-to-date info and pictures.