



# Basketball Tactics & Techniques Clinics (BTT)

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## Liability Waiver Form

Athlete's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parent email address \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Phone \_\_\_\_\_

Emergency Contact's Name \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Does the Player Have Asthma? (Circle One) Yes No

In case of emergency, do you want the clinic directors to seek medical care? (Circle One) Yes No

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

LIABILITY WAIVER: I am aware that participation in the Basketball Tactics & Techniques Clinics has some inherent risks and injury can occur. On rare occasions these injuries can be serious. In consideration of my child being allowed to participate in BTT Summer Clinics I, the parent/guardian, assume the risk of all injury and agree not to sue Basketball Tactics & Techniques Clinics, the directors, coaches, or volunteers for any and all injuries caused by or resulting from participating in the Basketball Tactics & Techniques Clinics.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Basketball Tactics & Techniques Clinics**  
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