1ON1 SKILLS DEVELOPMENT
www.ORANGECOUNTY1on1BASKETBALL.com

IRVINE JOKERS

Liability Waiver

Yes, my child(ren) have permission to attend basketball clinics / games / club team / 1on1 training with the coaches of the Irvine Jokers Basketball Club. I understand that all players are required to have valid & current AAU memberships. I understand and acknowledge that basketball is a contact sport that can and may result in injuries during the normal course of training and/or play. I understand that the Irvine Jokers Basketball Club or it's coaches are not liable for any injuries that can/may occur as a result of normal basketball activities. I authorize any emergency medical treatment that my child(ren) may need in the event of an emergency.

1st Child's Name	Age	birthday
2nd Child's Name	Age	birthday
3rd Child's Name	Age	birthday
Cell Phone Number		e-mail
Home Phone Number		Work Phone Number
Emergency Contact Name		Emergency Contact Number
Parent / Guardian Signature*		Date

*I am the parent/legal guardian of the player listed on this form. I acknowledge that the player could suffer an injury by participating in basketball / training. However, I consent to his/her involvement in the program. The player has adequate personal health/injury insurance. I waive any claim against the program/coaches if the player is injured while participating within the program activities and I will hold them harmless from liability for such injury. This waiver is effective indefinitely.