



2024 Sept/Oct - Waiver form for Coach Z workouts

Child's Full name: _____

Grade in Fall of 2024: _____ School: _____

AAU/Travel team: _____

Parent/guardian(s) name: _____

Cell # in case of emergency _____

Parent(s) email: _____

In case of emergency during the workout, please give the name and phone number of someone we can contact if parent(s)/guardian cannot be reached:

Name _____

phone _____

I give my consent and approval to the participation of my son/daughter in the Coach Z Basketball programs. I certify that he/she is physically fit to take part in all workout activities. I relieve Coach Z Basketball, Coach Z, Cary Academy, and workout assistant coaches of any responsibility should any accidents occur.

parent/guardian signature: _____ Date: _____