



## **2025 Jan/Feb - 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: \_\_\_\_\_