



Boise Slam Basketball Tryouts 2024-2025

Grades 3rd..8th

Player Name _____ **Grade (Fall 2024)** _____

Parent/Guardian Name _____

Phone # _____

Email: _____

***We will send notifications to this email address, please print clearly.**

****In order to participate in the Boise Slam Tryouts, a parent/guardian must sign the Liability Waivers/Media Release/ and Medical Release form.**

General Liability Form

By signing my name, I would like my child to participate in the Boise Slam Basketball Club. I acknowledge that participating in the Boise Slam Basketball Club and in the activities, there can be inherently dangerous activities which involve risk of injury. I acknowledge that my child may sustain injuries. On behalf of my child, I expressly assume all known or unknown risks involved in such activities and allow my child to participate. I acknowledge that due to the nature of attending a basketball club that accidents can and do occur even if the utmost care and safety is exercised. Nevertheless, I hereby expressly waive, release and forever discharge the Boise Slam Basketball Club, the owner(s)/director(s) of the club/camp, it's independent contractors, instructors, employees, sponsors, and affiliates whosoever from any and all liability, claim, loss, damage, cost, or expense arising from, or attributable in any way to, any negligent act or omission on the part of any such person or the Boise Slam Basketball Club.

Infectious Disease Release of Liability

By signing my name, I acknowledge that participation in the Activities could result in risk of exposure to viruses, infections, and contagious diseases. By signing this agreement, I acknowledge the contagious nature of such diseases including COVID-19 and voluntarily assume the risk that I and/or my child(ren) may be exposed to infectious diseases by participating in the activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of I and/or my child(ren) becoming exposed to or infected at Boise Slam Basketball Club activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Boise Slam Basketball Club employees, volunteers, and program participants and their families. I knowingly and freely assume all such risks to myself and/or my child(ren), both known and unknown, and assume full responsibility for my and/or my child(ren)'s participation in the activities.

Website and Social Media Release

By signing my name, I grant my permission for the Boise Slam Basketball Club to use my and/or my child's story or photo on the Boise Slam Basketball Club website, social media accounts, reports, and publications. I acknowledge and agree that no sums whatsoever will be due to me as a result of posting or publication.

Medical Consent Form

My signature below confirms my consent that any athletic trainer, sports medicine staff, or coaches may apply first aid treatment until the athlete's primary physician or parent can be contacted. I also consent that any athletic trainer, sports medicine staff, or coaches are to use their own judgment in securing medical aid and ambulance service in case the parents can't be reached.

Parent/Guardian Signature _____

Date _____

