

PLAYER REGISTRATION

Camper Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Parent's Work Phone _____

Parent/Legal Guardian Name(s) _____

School _____ Birthdate _____ Grade _____

Medical Insurance Name _____ Policy Number _____

Insurance Company Address _____

**Each player must complete and have their parent or legal guardian sign for registration.*

Liability Release and Medical Authorization

I hereby authorize my child's participation in the Gonzaga Women's Basketball Spokane Summer Shootout. I know of no mental or physical problems which may affect my child's ability to safely participate in this tournament. I realize the tournament has the exclusive right to deny admission or to dismiss any participant or employee from the tournament for just cause. I hereby authorize the staff of the Gonzaga Women's Basketball Spokane Summer Shootout to act in my absence in the case of injury or illness involving my daughter. I realize that I am responsible for any and all medical or other charges incurred in the connection with my daughter's participation in the Gonzaga Women's Basketball Spokane Summer Shootout. I hereby release and hold harmless the Gonzaga Women's Basketball Spokane Summer Shootout, Gonzaga University, and their employees, agents and assigns from any and all liability that may arise out of my daughter's participation in the tournament, including transportation to and from tournament.

Parent or Guardian(s) Signature

Date