



Basketball Participant Form/Permission Slip

Participant Name:	Date of Birth:	Age:
Participant Cell Phone:	What grade will you be in next year (2018-2019)?	
Home Address:	City, State, & Zip:	
Parent/Guardian Name:	Parent/Guardian Phone:	
Emergency Contact:	Emergency Contact #:	
Medical Conditions/Allergies:		
Previous Injury History – include the year injury occurred: (concussions, broken bones, etc.)		

Intent to Participate

I agree to the financial obligations, time commitments, and expectations discussed in the information sheet.

Parent Signature _____

Date: _____

Student Signature _____

Date: _____



Waiver & Release Form 2018-2019

Participant's Name: _____ Date of Birth: _____

Girl or Boy: (please circle) _____ Sport: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Phone (Home): _____ Parents Day #: _____

Other Emergency Contact and #: _____

E-mail address: _____

In consideration for being permitted by eSTEM Public Charter School to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death or property damage which may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the EPCMS (its officers, employees, volunteers, and agents) from any participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of those risks is to be binding on my heirs and assigns. I agree to indemnify and to hold the above person or entities free and harmless from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity. **PARENTAL CONSENT: (TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN IF APPLICANT IS UNDER 18 YEARS OF AGE).** I hereby consent that my son/daughter _____, participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

I have carefully read this Agreement, Waiver, and Release and fully understand its contents. I am aware that this is a release of liability and a contract between me and EPCMS and I sign it of my own free will.

Guardian Signature: _____ Date: _____

Name Printed: _____