CATS CLINIC

RAYMOND J. FISHER MIDDLE SCHOOL — OUTSIDE COURTS

Participant Waiver & Emergency Contact Form

Please complete every field before your child's first Saturday session.

PARTICIPANT INFORMATION

PLAYER FULL NAME

DATE OF BIRTH

GRADE (FALL 2026)

HOME ADDRESS

PARENT / GUARDIAN INFORMATION

PARENT / GUARDIAN FULL NAME

PHONE NUMBER

EMAIL ADDRESS

EMERGENCY CONTACTS

EMERGENCY CONTACT 1 — NAME

RELATIONSHIP TO PLAYER

EMERGENCY CONTACT 1 — PHONE

EMERGENCY CONTACT 2 — NAME

RELATIONSHIP TO PLAYER

EMERGENCY CONTACT 2 — PHONE

Assumption of Risk, Release of Liability & Medical Authorization

I acknowledge that participation in basketball activities, including Cats Clinic sessions held on outdoor courts, involves inherent risks of physical injury, including but not limited to sprains, fractures, collisions, heat-related illness, and other injuries that can result from strenuous physical activity in an outdoor setting. I voluntarily allow the player named above ("the Participant") to take part in Cats Clinic with full knowledge of these risks.

In consideration of the Participant's enrollment, I, on behalf of myself, the Participant, and our heirs, release and hold harmless Cats Clinic, its coaches, organizers, and Raymond J. Fisher Middle School, from any and all claims, liabilities, damages, or expenses arising from the Participant's involvement in Cats Clinic sessions, except to the extent caused by gross negligence or willful misconduct.

I authorize Cats Clinic coaches to arrange, seek, or administer emergency medical care for the Participant using the emergency contact information provided if I cannot be reached, and I agree to be financially responsible for any medical treatment provided as a result. I confirm the Participant is physically able to take part in basketball activities.

I understand that Cats Clinic sessions take place outdoors and are subject to cancellation due to weather, with sessions cancelled for rain refunded in full. I agree to have the Participant follow all coach instructions and posted court rules while on site.

Assumption of Risk & Release of Liability (continued)

☐ I consent to photos or video of the Participant taken during sessions being used in Cats Clinic promotional materials (social media, flyers, website). This is optional — enrollment does not depend on this consent.

By signing below, I confirm I am the parent or legal guardian of the Participant named above, and that I have read, understood, and agree to the terms above.

PARENT / GUARDIAN SIGNATURE (TYPE FULL LEGAL NAME)

DATE

Typing your name above and submitting this form constitutes your electronic signature and acknowledgment of this waiver.

This is a general template, not legal advice. Liability waivers signed on behalf of minors are treated differently across states; have this document reviewed by an attorney before relying on it.