



EASTSIDE THUNDER BASKETBALL 2007-2008 RELEASE FORM

Participant Name: _____ Birth date: _____

Address: _____

City: _____ State: _____ Zip: _____

I approve of my child's participation in the Eastside Thunder Basketball Program and certify that she is in good health and able to participate in the program activities. I hereby authorize the coaches of the Eastside Thunder Basketball Program to act for me according to their best judgment in any emergency requiring medical attention. This would include, but not be limited to, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment deemed necessary by attending physicians. By signing below, I hereby expressly assume any and all risks which are incumbent with any excursion or program in which my daughter might participate, with the realization that these activities might subject her to personal bodily injury or property damage risks. I am aware that certain dangers may occur, including but not limited to physical contact with other individuals and/or athletic equipment and facilities which may result in cuts, abrasions, bruises, strains, and fractures. I will be responsible for any medical or other charges in connection with my daughter's participation in this program.

Name of Parent or Guardian: _____ Date: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Insurance/Policy Number: _____

Parent or Guardian Signature: _____

Eastside Thunder is a 501(c)3 not-for-profit organization dedicated to teaching girls the fundamentals of basketball and a member team of the AAU. Our Mission Statement: To provide a competitive and fun program for girls 4th through 8th grade that will emphasize on building self-confidence and strong team cohesiveness through the development of basketball fundamentals.