



# 2009 Roadrunner Team Camp

## Player Waiver and Insurance

**School:** \_\_\_\_\_

Name of Player: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Participation in athletic events and physical activities involves certain risks. The Metropolitan State College of Denver and the Metropolitan State College of Denver's Basketball coaches and Start Smart Basketball employees will not assume responsibility for any injury while participating in the Roadrunner Basketball Tournament. Nor will they be held liable for lost or stolen items while event participants, their family or friends are in attendance.

My signature below indicates that I hereby release The Metropolitan State College of Denver and the Metropolitan State College of Denver's Basketball coaches and Start Smart Basketball employees from all claims for injury, death, loss or damage that I may suffer as a result of my participation in the 2009 Roadrunner Basketball Team Camp.

Participants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell / Home Phone: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Plan #: \_\_\_\_\_

**Note:**

Please mark each Roadrunner Team Camp that you will be participating in. This form will count for each marked camp, so you don't have to fill out multiple forms, thank you.

\_\_\_\_\_ **May 29-31, 2009**

\_\_\_\_\_ **June 5-7, 2009**

\_\_\_\_\_ **June 12-14, 2009**