

-----Parent's Pledge/Waiver-----

I pledge to be a positive and enthusiastic spectator; and to respect all players, coaches, officials and fans. I will, in partnership with the coaches, help build an environment that fosters sportsmanship and personal responsibility. I understand that I am a role model, and will conduct myself accordingly.

I understand and acknowledge and appreciate the risks involved in allowing my child to participate in the Mount Michael Booster Club Basketball Program and I assume all risks of injury and damage incident to my child's participation. **In consideration of the privilege of my child's participation in the Mount Michael Booster Club Youth Basketball, I hereby release, discharge and relinquish the Mount Michael Booster Club, Mount Michael Benedictine High School, Benedictine Fathers, Inc., and their respective officers, agents, representatives, employees and officials, of and from all claims, demands, actions, and causes of action of any sort, for any injuries sustained by my child in connection with my child's participation in the Mount Michael Booster Club Basketball Program.**

In the event that my child is injured in connection with my child's participation in the Mount Michael Booster Club Basketball Program, I hereby express and give my consent for the performance of diagnostic, medical and/or surgical treatment on my child as may be deemed medically necessary in order to assure the safety of my child.

Parent's/Guardian's Signature: _____

Name: (Please Print) _____

Date: _____

Submit this completed form along with a check for \$50.00/player to Mount Michael, to:

Eric Crawford
Mount Michael Benedictine
22520 Mount Michael Road
Elkhorn NE, 68022