



## Junior Ballers Youth Basketball League Player Waiver

Player's Name: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Team Name: \_\_\_\_\_ Coach's Name: \_\_\_\_\_

### Waiver and Release

I agree to release The Summit Sports and Ice Complex, AIMHIGH Sports, Westmor Partners, its employees and agents from all claims, damages and actions of the above named participant or their parent/guardian. I assume full responsibility for any bodily injury that may occur as a result of the inherent risk of facility activities. I understand that any participant who causes damage or intentional injury will be suspended from the program without refund. I authorize The Summit Sports and Ice Complex and AIMHIGH Sports to use all photos or videos taken of me/my child during any/all programs for advertising or promotional material. I have read these terms and conditions and I agree to them.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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