



## Tournament Waiver of Liability

### PARTICIPANT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

By signing below, I grant permission for my son/daughter to participate in CATT Basketball Tournaments. My child has no known medical conditions that would prevent them from participating in competitive, strenuous basketball activities. I release CATT Basketball and their officers from any legal responsibility in the event of an accident, injury involving my son or daughter while participating in ANY CATT Basketball event. If needed, I give CATT Basketball permission to use my child's picture on material related to CATT Basketball, and their events. This would include, but not limited to brochures, flyers, website, etc.

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Parent Name

Parent Signature

Date