



2007 Rising Stars Camps and Clinics Waiver Form

Name: _____ Grade: _____ Emergency Phone: _____

Address: _____ City: _____ Zip: _____

I hereby authorize the directors of the Rising Stars Clinics, Inc. to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Rising Stars Basketball Clinic, Inc. from all liability and agree to accept all medical expense incurred. I know of no mental or physical problem which would affect my child's ability to safely participate in the clinic.

Health Insurance Provider: _____ Policy #: _____

Parent Signature: _____ E-mail address: _____

MAKE CHECKS PAYABLE TO: **Rising Stars Basketball**
1644 Main Street, Suite 206
Columbia, SC 29201

Visit us online at <http://www.risingstarshoops.net>