



BELLEVUE COLLEGE MEN'S BASKETBALL

3000 Landerholm Circle SE, Bellevue, WA 98007
(425) 564-2193 FAX (425) 564-3129

2017 BC High School Spring Basketball League

Release of Liability—permission to play in BC HS Basketball League

All participants must have accidental medical insurance while participating in or traveling directly to and from the BC High School Basketball League.

Players name: _____ School: _____

Players phone: _____ Email: _____

Parents names: _____ Email: _____

Home phone: _____ Cell phone: _____

Accident Insurance Waiver

I accept full responsibility for any injury my son may suffer while taking part in the BC High School Basketball League.

My insurance plan: _____

Company name: _____

Policy #: _____

Provides full coverage and releases the BC High School Basketball League and all other sponsors and their employees of any financial responsibility.

In the event of injury my son should be referred to:

Doctor's name: _____

Phone: _____

My insurance policy will assume full responsibility for any medical expenses.

Parent/Guardian Signature

Date