

I hereby release Poudre School District, Ft Collins High School, and all coaches and/or staff members from liability, from any injury or illness that may result from my child's participation in camp. I certify my child is in good health and can participate in all camp activities. In the event of a medical emergency and I can't be reached, I hereby grant permission to the camp directors to act on my behalf. I understand that Ft Collins High School Basketball Camp does not provide camp medical insurance and that I am responsible for medical expenses.

Date: _____

Player Name: _____ Grade: _____

Parent/Guardian Name(print): _____

Parent/Guardian Signature: _____