

Skills Sessions and 3on3 league At Station Camp Middle School

PLAYER NAME: _____

RELEASE FORM

I HEREBY RELEASE THE COACHING STAFF OF STATION CAMP MIDDLE SCHOOL AND THE SUMNER COUNTY SCHOOL SYSTEM OF ANY LIABILITY THAT MAY OCCUR DURING AN ACCIDENT OF MY CHILD DURING THE ACTIVITIES. I UNDERSTAND THE COACHING STAFF WILL ACT IN GOOD FAITH IF MY CHILD IS IN NEED OF MEDICAL ATTENTION. COACHES MAY POST GENERAL PICTURES ON BASKETBALL SOCIAL MEDIA ACCOUNTS WITHOUT THE USE OF NAMES.

SIGNATURE: _____

DATE: _____