

Wyomissing Basketball Club

Medical Waiver

MEDICAL INSURANCE: Wyomissing Basketball Club (WBC) requires all participants be covered by family medical insurance. As the parent/legal guardian of the named participant I hereby certify that my child has medical coverage and that said insurance would provide for the payment of any expenses resulting from participation in the WBC program regardless of whether I have authorized such expenses. WBC is authorized to render such medical attention as may be advisable under the circumstances.

I am authorized to verify this waiver on behalf of myself and my minor child participating.

Parent or Guardian Print Name: _____

Parent or Guardian Signature: _____

Date: _____

Printed Name of Participant #1: _____

Grade of Participant #1: _____

Printed Name of Participant #2: _____

Grade of Participant #2: _____

Printed Name of Participant #3: _____

Grade of Participant #3: _____