



Connecticut Storm Release Form

Athlete's Name: _____ Address: _____

Home Phone: _____ - _____ - _____ Town/Zip: _____

Emergency Phone: _____ - _____ - _____ Birth date: _____ / _____ / _____

Are you presently covered by health and accident insurance? Yes No

Insurance Company: _____

Insurance Number: _____

Please list below any medical problems concerning your athlete that we should know about:

I understand that our participation in AAU sports activities is potentially hazardous and can cause bodily injury or death. I waive and release Connecticut Storm Girls Basketball Club and their representatives from any and all liability from injury while participating in club activities. I clearly understand that I assume all risk for any injury to me or my athlete resulting there from. I grant permission to allow emergency medical attention as needed.

I grant Connecticut Storm permission to use photos taken by an authorized club representative of me/ my athlete for the purpose of club and athlete promotion.

Athlete's Signature

Parent/Guardian Signature

Connecticut Storm Girls Basketball Club
P.O. Box 826, Norwich, CT 06360-0826