

1399 Golf Course Drive ● Mitchellville, Maryland 20721-2328 Tel: 301-333-4630 ● Fax: 240-304-3284 www.thelafi.org ● lafi@thelafi.org

PARTICIPANT WAIVER AND RELEASE FOR MINORS

			has my (our) permission to participate in			
	Name of Minor					
Youth Developme	nt Summer Basketball I Event or Activity	League		from:	June 5 – August 17, 2023 Date	
I understand and		ng basketbal			5:30PM Ending Time 8:30PM nild, from overuse issues	
administrators, rel Inc., and all office or otherwise, from	lease and forever dischars, directors, employees	arge Lake A s, agents and nands, actio	rbor Foundation d volunteers o	on, Inc. f these	rself, my heirs, executors and and Sky High Youth Services, organizations, acting officially n which in any way arise from	
and health. In case of is further understo payment of costs. I hereby advise the	illness or accident, perrood that the undersigned at the above-named mi	to the best on the second to t	of my knowled anted for eme e full responsi following aller	dge and rgency bility for gies, me	his/her date of birth is belief said minor is in good treatment to be administered. It any such action, including edicine reactions or unusual If none, please write the word	
"none".):					, , , , , , , , , , , , , , , , , , , ,	
1	Signature (Parent)				D: 1N	
	Signature (Parent)				Print Name	
2. Signature (Parent)				Print Name		
Address		City	State	Zip	Phone (incl area code)	
Alternate Adult: _	Guardian or other _	autho	orized adult:			
Signature				Print Name		
Address		City	State	Zip	Phone (incl area code)	