

**BELLEVUE COLLEGE
ATHLETICS**

3000 Landerholm Circle SE Bellevue 98007
425.564.2351 FAX 425.564.3129

2009 BC High School Fall Basketball League

Release of Liability—permission to play in 2009 BC Fall Basketball League

All participants must have accidental medical insurance while participating in or traveling directly to and from the BC High School Fall Basketball League.

Playersname: _____ School: _____
Parents name: _____
Home phone: _____
Work phone: _____

Accident Insurance Waiver

I accept full responsibility for any injury my son may suffer while taking part in the BC High School Fall Basketball League.

My insurance plan: _____
Company name: _____
Policy #: _____

Provides full coverage and releases the BC High School Fall Basketball League and all other sponsors and their employees of any financial responsibility.

In the event of injury my son should be referred to:

Doctor's name: _____
Phone: _____

My insurance policy will assume full responsibility for any medical expenses.

Parent/Guardian Signature

Date