

# 2019 Metro State Basketball Team Camp

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## Player Waiver and Insurance

**School:** \_\_\_\_\_

Name of Player: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Participation in athletic events and physical activities involves certain risks. Metropolitan State University of Denver, the University of Colorado Denver and employees will not assume responsibility for any injury while participating in the MSU Denver Basketball Team Camp. Nor will they be held liable for lost or stolen items while event participants, their family or friends are in attendance. My signature below indicates that I hereby release Metropolitan State University of Denver, the University of Colorado Denver and coaches and employees from all claims for injury, death, loss, or damage that I may suffer as a result of my participation in the 2019 MSU Denver Basketball Team Camp(s).

Participants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Cell / Home Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Plan #: \_\_\_\_\_

**Note:**

*Please mark each MSU Denver Team Camp that you will be participating in.  
This form will count for each marked camp, so you don't have to fill out multiple forms.*

\_\_\_\_\_ **May 24-26, 2019**

\_\_\_\_\_ **May 31 – June 2, 2019**

\_\_\_\_\_ **June 7-9, 2019**