Permission to Play and Waiver
Madison Youth Basketball Tournament

I give permission for my child to play in the Madison Youth Basketball Tournament. I understand the Madison Booster Club, St. Thomas School & DSU have no responsibility for my child's medical expenses and well being. I assume all responsibility and waive any and all claims against the Madison Youth Basketball Classic organization sponsors should any injury occur to my child while attending this event.

PLAYER	***PARENT SIGNATURE***
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*Coaches Signature*_____