



***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 and St. Thomas School 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***

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Coaches Signature* \_\_\_\_\_