**Permission Slip**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

In consideration of your acceptance of this entry in the Five Star Academy & Laken James LLC Basketball Camp , the Bay Port Schools, and Bay Port School District, I, my heirs, executors and administrators, waive and release parents, coaches, their agents and representatives from all claims or rights to damages of injuries, training, competing or traveling to and from this basketball camp. All liabilities will be assumed by the parents or guardians from this basketball camp,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has my permission to participate in the Five Star Academy & Laken James LLC Basketball Camp on June 14th and June 15th 2022.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Parent/Guardian Signature Date**