

Permission Slip

Name _____

Grade _____

School _____

In consideration of your acceptance of this entry in the Five Star Academy & Laken James LLC Basketball Camp , the Oconto Falls, and Oconto Falls 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 July 8th- July 10th 2024.

Parent/Guardian Signature

Date