



## **Forest Lake Academy**

### **INFORMED CONSENT FORM**

When playing at FLA, I waive any responsibility of the Academy or the Supervisor \_\_\_\_\_ for any injury or illness which I may incur while using or after using this facility. I also hereby certify that I am in good health and have no medical problems for which my doctor recommends non-participation in basketball.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PARENT: \_\_\_\_\_

(If under 18, you must have a parent signature.)