

Athlete's Name \_\_\_\_\_

Parent Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

School \_\_\_\_\_

Please make \$20 check to Milford Juniors

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**Parental Release Form:** I understand that I am responsible for insurance for my athlete \_\_\_\_\_ and hereby release Milford High School from any liability while my daughter attends summer league sessions.

Parent Signature:

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