

MASK WAIVER

I have read and signed the Coronavirus/Covid-19 Warning & Disclaimer provided by the Town of Andover and understanding risks of participating in camp sessions.

I, _____, give my child permission to participate at Hooptown Basketball Camp WITHOUT their face mask while indoors, and understand the additional risk that may pose.

Campers Full Name: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date Signed: _____