

McKinleyville Girls Basketball 2010 Medical Release Form

Player Name: _____ Age: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name(s): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Child's Doctor: _____ Phone: _____

Existing Medical Coverage: _____ Plan #: _____

Known Allergies: _____
(include medicine, food, bee stings, etc.)

Current Medications: _____
(or any related information that would assist in safe treatment)

WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT

I hereby voluntarily permit my child to participate in the McKinleyville Girls Basketball program.

I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE.

Initial Here

As consideration for being permitted by the McKinleyville Girls Basketball program to participate in these activities, I hereby release and hold harmless the AAU, McKinleyville Girls Basketball, McKinleyville High School, McKinleyville Girls Basketball staff, volunteers, designated coaches, and program officials and supervisors from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with my child's participation. I further agree that this waiver, release and assumption of risks are to be binding on the heirs and assigns of the undersigned. I further agree to indemnify and to hold McKinleyville Girls Basketball (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating in this activity. In case of a medical emergency, I hereby give permission to Staff and Volunteers to order treatment for my child, including any necessary medical treatment and x-rays. I also hereby give permission to Staff and Volunteers to disclose the information contained on this form to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses, which my child or I may incur as a result of such treatment. McKinleyville Girls Basketball does not disclose your nonpublic personal medical and financial information, except as required or permitted by law. McKinleyville Girls Basketball also does not provide any medical or other insurance protection or benefits for those who take part in the McKinleyville Girls Basketball program or activities.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE MCKINLEYVILLE GIRLS BASKETBALL PROGRAM AND SIGN IT OF MY OWN FREE WILL.

Parent or Guardian Signature Date