

SKYLINE GIRLS SELECT BASKETBALL

MEDICAL RELEASE AND LIABILITY WAIVER

For Participation in Skyline Girls Basketball Club Activities & Events during 2016-2017 School Year

Note: This form needs to be kept at camps, clinics and tryouts, and carried at all times with the team for practices and games.

PLAYER: _____ Date of Birth: _____

Street Address: _____ Grade: _____

City / Zip Code: _____ School: _____

PARENT OR GUARDIAN AUTHORIZATION:

In case of an emergency, if our family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (EMT, First Responder, E.R. Physician).

Family Physician: _____ Phone #: _____

Hospital Preference: _____

Insurance Company: _____ Group #: _____

To ensure that medical personnel have details of any medical problem which may interfere with or alter treatment, please list any allergies/medical problems, including those requiring maintenance medication (asthma, diabetic, seizures, etc.):

MEDICAL DIAGNOSIS	MEDICATION	DOSAGE	FREQUENCY OF DOSAGE
_____	_____	_____	_____
_____	_____	_____	_____

In case of an emergency, if you cannot reach a parent or guardian, please contact:

Name	Relationship	Phone
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Name	Relationship	Phone
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By signing this form, I hereby assume all risks and hazards incidental to participation in basketball activities and do hereby waive, release, absolve, indemnify and agree to hold harmless the Skyline Basketball Club, Girls Basketball Program, Issaquah School District, instructors, volunteers and their heirs for any claim arising from participation of my child in clinics, tryouts, practices and/or games. I authorize the instructors and staff to act in their best judgment in any emergency requiring medical attention.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Parent/Guardian Email Address

Parent/Guardian Home Phone Number

Parent/Guardian Cell Phone Number