

CHURCH LEAGUE BASKETBALL FOR YOUTH

I/We hereby state that our daughter/son _____ is covered by _____ insurance policy. I/We also hereby release Church League Basketball for Youth, all coaches, and participating churches for any responsibility in the case of an accident that might occur to my/our daughter/son while participating in any League activities.

Signature: _____ Date: _____

I/We understand that in the event of an accident that would require emergency treatment; that every effort will be made to reach me/us. If I/we cannot be reached, I/we give permission to the responsible coaches and or CLBYY personnel to secure medical attention for my/our daughter/son.

Signature: _____ Date: _____

PLEASE FILL OUT THE BOTTOM PORTION IF IT APPLIES TO YOU

My/Our daughter/son _____ has a medical condition that requires the wearing of a medical assist devise. This devise has been prescribed by _____ MD. It is my/our request that my/our daughter/son be allowed to participate in the activities of Church League Basketball for Youth. I/We understand that there is an added risk of injury to my/our daughter/son and other participating players and officials because of the presence of this devise. I/We release Church League Basketball for Youth, the Directors of Church League Basketball for Youth, all coaches, officials, participating players, and churches from any responsibility in the case of an accident that might occur to my/our daughter/son while participating in League activities. I/We will assume responsibility for any injury that might occur to other players and officials because of the presence of this devise.

Signature: _____ Date: _____

I _____ MD, having prescribed the above mentioned medical assist devise for _____, know of no reason why this person would be physically hindered from participating in the sport of basketball because of her/his medical condition and the presence of this devise.

Signature: _____ MD: Date: _____