

PLAYER RELEASE AND PERMISSION TO PARTICIPATE

BCBA, P.O. Box 193, Carroll, Ohio 43112

We, the undersigned, consent and agree that the following child may be an active participant in the Bloom Carroll Basketball Association:

Name _____ Phone (____)_____

Street _____ City _____

The player is registering for (*check one*): Recreational League Play ____ Travel Team Play (4th, 5th & 6th only) ____

The Entry Fee is as follows: \$40.00 for one child, \$75.00 for two children and \$30.00 for each additional child.

****If your child chooses to tryout for Travel Team there will be extra charge after they make the team.****

Player's Grade ____; DOB ___/___/___; Age ____; Gender M or F; School District _____

CIRCLE SHIRT SIZE: Youth - S M L XL Adult - S M L XL

CIRCLE SHORT SIZE: Youth - S M L XL Adult - S M L XL

The BCBA is a volunteer organization. Please indicate below where you can help.

___ Board Member ___ Coach ___ Assistant Coach ___ Team Parent ___ Concession Worker ___ Referee

I/my business/my employer would like to sponsor a basketball team; Y or N Sponsor Name _____

Waiver, Release, And Hold Harmless Agreement

In consideration of the permission and privilege allowed the player to participate in the sports program of the Bloom Carroll Basketball Association, the undersigned specifically agree that he/she will indemnify, save and hold harmless the Bloom Carroll Basketball Association and its Board and Members, as well as the sponsors, coaches, other players, officials, and all other participants in the sports program from any and all losses, claims, actions, or proceedings of every kind and character which may be presented or initiated to recover money, property or damages for any injuries to the player or for any other damage to the undersigned suffered during the conduct of the above described sports program, games, and practices.

In accepting the permission and privilege, the undersigned understands that this agreement extends to and applies to any personal injuries, injurious results, damages, losses, or consortium claims which the undersigned may experience or suffer while the player engages in the sports program, games, or practices. The undersigned agrees not to file suit or initiate any claims or losses which they may experience or sustain, arising directly or indirectly out of the activities involved in the Sports Association.

The undersigned, on behalf of themselves and their minor child, freely assume all risks, hazards, and losses which may befall them in connection with their participation in the sports program, games, and practices.

This agreement is binding upon our administrators, executors, heirs, and assigns.

The above child is and must be covered by their own medical insurance.

In case of emergency, and the parents/guardian cannot be contacted, please contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent(s)/Guardian(s) Name: _____

Parent/Guardian Signature: _____ Date _____

REGISTRATIONS MUST BE RECEIVED BY OCTOBER 23, 2006

This form may be found on our website www.bcya.org

Emergency Medical Authorization
(Part I or Part II MUST be completed!!!)

Part I: (To Grant Consent)

In the event reasonable attempts to reach me at _____ or _____ have been unsuccessful, I hereby give my consent for :

1.) The administration of any treatment deemed necessary by:

_____ at _____
Preferred Physician Phone

_____ at _____
Preferred Dentist Phone

In the event the designated preferred practitioner is not available by another licensed physician or dentist and

2.) The transfer of the child to _____ Hospital or any other hospital reasonably accessible.

This authorization does NOT cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the surgery being performed.

Facts concerning the child's medical history to which a physician/dentist should be alerted :

Allergies _____ **Medications** _____

Impairments _____ **Other** _____

If necessary, use separate sheet of paper.

In case of an emergency where time is of the essence, Bloom Carroll Basketball Association officials reserve the right to use their own judgment as to the action to be taken.

Parent/Guardian _____ Date _____

Part II: (Refusal to Consent)

Select One:

I do not give my permission for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish the association to take no action, understanding BCBA will contact the local EMS for any medical event.

I do not give my permission for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish the association to:

Parent/Guardian _____ Date _____