

Redondo Beach Youth Basketball Medical and Liability Release

PRINT Player Name _____ Grade _____ Date of Birth ____/____/____

Emergency Authorization Consent to Treatment of a Minor:

I (we) the undersigned, parent(s) or legal guardian(s) of the below named RBYB Player, a minor child, hereby authorize Redondo Beach Youth Basketball, Inc. (henceforth known as RBYB) and its representatives, agents or assignees to include Coaches, Assistant Coaches, Parents of Team members and Board Members, acting in the capacity of supervisor/vehicle drivers, as my agents, and consent to medical, surgical or dental examination and/or treatment when neither the parents, guardian or designated family physician can be contacted. In case of sudden illness, accident, injury or other emergency which may occur while said minor is engaged in an activity supervised by the RBYB Organization, I hereby authorize treatment and/or care at any hospital pursuant to California Civil Code 25.8 for emergency treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of California.

Waiver of Liability and Disclaimer:

To induce RBYB to accept registration and permit participation by the below named RBYB Player, I (we) the parent(s) or guardian(s) of said minor, hereby consent and agree to release, indemnify, and hold harmless RBYB, its officials, Coaches and representatives from any claim arising out of injuries or conditions caused or aggravated by my refusal to obtain available medical treatment based on religious or philosophical beliefs or otherwise. I give permission for the below named RBYB Player in my custody to participate in the above mentioned activity and hereby waive, release and discharge any and all claims or rights for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of said minor's participation in said activity. This release is intended to discharge in advance the promoter, sponsors, RBYB, the officials, and any involved municipalities or other public entities (and their respective agents and employees), from and against any liability arising out of or connected in any way with said minor's participation in said activity, even though the liability may arise out of negligence or carelessness on the part of the person(s) or entities mentioned above. I further understand that serious accidents occasionally occur during said activity, and participants in such activity occasionally sustain serious or even mortal personal injuries, and/or property damage, as a consequence thereof. Knowing the risks of said activity, nevertheless, on behalf of the RBYB Player, a minor child, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above, through negligence or carelessness, might otherwise be liable to me, or my heirs or assignees of damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs or assignees.

Acknowledgment and Consent:

For both internal and external use, I acknowledge that RBYB may compile mailing addresses and may utilize basketball photographs of the below named RBYB Player, the subject a minor child. I hereby consent to such uses and hereby waive all rights to compensation.

Medical Allergies or Limitations:

Please list any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart conditions, history of respiratory illness or any other medical conditions below:

Allergies: None Yes, explain _____

Asthmatic Condition: No Yes Does your child use an inhaler No Yes

Hospitalization: None Yes, explain & indicate date(s) _____

Disabilities or Limitations: None Yes, explain _____

Emergency Contact Information:

Name of Contact _____ Relationship _____ Phone _____

Family Physician _____ Phone _____

Insurance: No Yes Carrier Name _____ Type of Coverage ___HMO ___ PPO

SIGNATURE Father or Legal Guardian _____ Date ____/____/____

SIGNATURE Mother or Legal Guardian _____ Date ____/____/____