



PARTICIPANT REGISTRATION

Player Information:

Name: _____ [Boy / Girl] Birth Year: _____ Grade: _____

Name: _____ [Boy / Girl] Birth Year: _____ Grade: _____

Name: _____ [Boy / Girl] Birth Year: _____ Grade: _____

Parent Information:

Parents Name: _____

Mailing Address: _____

City: _____ Zip: _____

Home Phone: _____ Family Email: _____



Liability Waiver Form

This form applies to all team activities held and/or organized by SLV Youth, Inc. / d.b.a. SLV Hoops Basketball program. A Parent/Guardian initials and signature are required for registered youth players to participate. Each statement must be initialed by Parent or Guardian, except for registered adult players, who must initial on their own.

The Undersigned hereby:

_____ Acknowledge and fully understand that each player is voluntarily participating in activities that involve risk of injury (including catastrophic injury or death), which might result not only from their own actions, inactions or negligence of others, the rules of play, the conditions of the premises or any of the equipment used. This includes any risks not reasonably foreseeable by volunteers.

_____ Assume all the foregoing risks as a condition of participation and accept personal responsibility for the damages following any such injury.

_____ Unconditionally release, waive and consent not to sue SLV Youth, Inc (d.b.a SLV Hoops Basketball), their foundation, officers, directors, administrators, agents, coaches, other employees, and volunteers, sponsoring agencies, sponsors, advertisers, for any and all liability to the undersigned, their heirs, and next of kin. This is for any claims or losses on account of injury, including death, or damage to property, while participating in any and all official or unofficial activities, events or competitions.

_____ Accept responsibility for the coach's and/or player's decision to continue participation if suffering from injuries.

Permission to administer medical care: by signing this form, you have accepted responsibility for all medical expenses incurred whether or not you are covered by insurance.

As the parent / guardian of the participant named below, I request that in my absence, the named player be admitted to any hospital or medical facility for diagnosis and treatment. In case of injury, accident or illness, I authorize the head coach and on-site volunteer medical / first aid staff to provide appropriate medical treatment. If an emergency transport is deemed necessary, I authorize the same to summon an ambulance to transport the player to the hospital. I request and authorize physicians, athletic trainers, technicians, first aid personnel, nurses and dentists to perform any diagnostic treatment or operative procedures and x-rays for the named player. I have been given no guarantee as to the results of examination or treatment. I accept total responsibility for any and all medical costs of the above player.

I have read and understand the above release and grant my permission to administer medical care.

Parent / Guardian Name (Print): _____ Date: _____

Parent / Guardian Signature: _____