



## **PORTAGE BOYS HOOPS CLUB • YOUTH BASKETBALL**

### **Player Consent and Waiver Responsibility Form**

**For: Activities – Leagues, Tournaments, Camps, Practices**

**October 2024 – April 2025**

Please submit this completed enrollment and waiver form with your respective youth basketball fee on or before grade level registration deadline. No player will be allowed to participate without first completing this form.

*“It is agreed that all risks attendant to watching and/or participating in activities, including, but not limited to bodily injury, are assumed by the participant and his parents and/or legal guardian and that this assumption is acknowledged, approved, and agreed to by said student and his parents and/or legal guardian as indicated by their signature hereto.*

*I hereby certify that the named participant is physically able to participate in the activities and that I knowledge of no physical impairments, which would in any manner limit his/her participation in such a program.*

*I hereby grant permission for physicians and their designees to administer outpatient medical, surgical, or dental services, to administer appropriate of necessary antigens or other injections, to perform emergency procedures as necessary or to refer to duly licensed medical personnel when indicated, including transfer to hospital.”*

Player's Name: \_\_\_\_\_ Grade in Fall 2024: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City / Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

Alternate Emergency Name & Phone Number: \_\_\_\_\_

\*\*Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_