

# PLAINVIEW BASKETBALL CLUB

DATE:

PARTICIPANT INFORMATION (PLEASE PRINT)				
NAME				
LAST NAME		FIRST NAME		BOY/ GIRL
LAST NAME		FIRST NAME		
EMAIL ADDRESS 1 :		EMAIL ADDRESS 2 :		GRADE:
MOTHER'S NAME:		CELL PHONE:		WORK PHONE
FATHER'S NAME:		CELL PHONE		WORK PHONE
STREET ADDRESS:		TOWN:		HOME PHONE
PARENTAL SUPPORT		<input type="checkbox"/> WE ASK FOR ACTIVE PARTICIPATION OF ALL PARENTS IN OUR PROGRAM: PLEASE CHECK THE BOX IF YOU ARE WILLING TO ASSIST		
REMARKS				

## RELEASE OF PHOTOGRAPHS

For valuable consideration the undersigned understands and agrees that video and photographs may be taken during the basketball programs and the undersigned hereby give permission to have his/her photo taken and authorizes the use and reproduction of said photos by Plainview Basketball Club. All prints, files and negatives will be the sole property of Plainview Basketball Club.

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print name of participant

If participant is under the age of 18, his/her legal guardian hereby authorizes the use of photographs/videos as stated above.

\_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent /guardian

**Liability Waiver/ Medical Treatment Consent**  
(In order for us to process your registration you must sign the liability Waiver /medical Treatment consent after you have read and agreed to the terms. Registrations where the waiver / consent has been altered will not be processed)

I hereby authorize qualified physicians to render medical treatment or care that they deem necessary for me or my family members in case of illness or accident during the program. In the event of injury and if a parent cannot be reached the Plainview fire district will be contacted to transport the injured to a nearby hospital.

\_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent /guardian

## RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

### READ BEFORE SIGNING

IN CONSIDERATION OF \_\_\_\_\_ (Name Of Minor Child/Ward), my child/ward, being allowed to participate in any way in the Plainview Basketball Club related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

1) FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,

2) I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,

3) I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Plainview Basketball Club its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

4) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE) (PRINT NAME) Date Signed:

### UNDERSTANDING OR RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

\_\_\_\_\_  
(PARTICIPANT SIGNATURE) (PRINT NAME) Date Signed: Appl2.051207