



LIABILITY/MEDICAL RELEASE

Player's Name: _____ Date of Birth: _____

Address: _____ City: _____ ST: _____ Zip: _____

EMERGENCY INFORMATION

Parent/Guardian Name: _____ Home Ph: _____ Work Ph: _____

Parent/Guardian Name: _____ Home Ph: _____ Work Ph: _____

Allergies: _____

Other Medical Conditions: _____

Medical Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy Number: _____

Player's Physician: _____ Phone: _____

In an emergency, when parent/guardian cannot be reached, please contact:

Name: _____ Home Ph: _____ Work Ph: _____

Name: _____ Home Ph: _____ Work Ph: _____

PARENT/GUARDIAN AGREEMENT

I, as the parent/guardian of the registered minor, agree to abide by the rules of the Inver Grove Heights Basketball Association and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with basketball and in consideration for the Inver Grove Heights Basketball Association accepting the player for its basketball programs and activities, I hereby release, discharge and/or otherwise indemnify the Inver Grove Heights Basketball Association and its volunteers, affiliated organizations, sponsors, their employees and associated personnel, including owners of the courts and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Legal Guardian of Minor Player (Print): _____

Date: _____ Signature: _____

CONSENT FOR MEDICAL TREATMENT

As the parent/legal guardian of a minor participant in the Inver Grove Heights Basketball Association programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the player.

Date: _____ Signature: _____