

Emergency Authorization and Disclaimer

Player

Full Name Date of Birth Grade
Street Address
City State Zip

Emergency Contact

Full Name Phone #
Relationship to child

Medical Insurance Information

Medical Carrier Policy #
Phone Number Group #
Medical Concerns

On behalf of my minor child, I hereby grant my permission for my child's participation in West San Jose NJB acknowledging that both my child and I are familiar with the risks associated with participating in active sports, such as basketball; furthermore, I warrant that my child is in good health and has no condition or defect that would interfere with his participation. In short, my child is active, in good health, and anxious to play basketball. I assume all risks and hazards associated with West San Jose NJB. I hereby release, waive, absolve, indemnify and hold harmless West San Jose NJB, its officers, directors, employees, agents, sponsors, organizers, coaches, trainers, team parents and supervisors of any and all liability or damage, injury, or expense of any kind arising out of, or connected with, my child's participation in West San Jose NJB. I understand that in case of a medical emergency, my own personal medical plan, if I have one, will be used prior to any insurance provided through West San Jose NJB. Participation in competitive athletics may result in serious injury. Players can reduce the risk of serious injury by obeying safety rules, following a proper conditioning program and maintaining their equipment properly but it is impossible to totally eliminate such occurrences from competitive sports.

If it becomes necessary for my child to have medical, surgical, or dental care while participating in any of the aforementioned activities, I hereby authorize the coaches, assistant coaches, parents or team members, acting in such capacities or as activity supervisors, as my agents to consent to medical, surgical, or dental examination and treatment. In case of such emergency, I hereby authorize treatment and care by any physician at any hospital.

I acknowledge that I have read this consent form and knowingly, on behalf of my child, assume all the risks associated with participating in any way in West San Jose NJB.

Parent or Legal Guardian

Print Name Relationship to child
Phone # E-mail
Signature Date