

ISSAQUAH SELECT BASKETBALL

PARENT APPROVAL FORM

Players Name _____ Birthdate _____
Last First Middle

Address of Player's residence _____

Address of Parent's/Legal Guardian _____

Home Ph# _____ Emergency Ph# _____
Street City Zip

Business Ph# _____ School Attending _____

PARENT APPROVAL

I/We hereby give my/our consent to my/our son participating in the competitive basketball sponsored by the Issaquah Select Basketball and Issaquah Parks & Recreation, and give my/our approval to his participation in any and all the activities of the team during the current season. I/we assume all risk and hazards to the conduct of the activities and transportation to and from the activities. I/we do hereby further release, absolve, indemnify and hold harmless the organizers, sponsors, supervisors and the coaches, any and all of them. In case of injury to my/our son, I/we hereby waive all claims against the organizers, sponsors, supervisors, coaches, any or all of them. I/we likewise release from responsibility any person transporting my/our son to or from the activities.

Date _____ Mother's Signature _____

Must be signed by both parents. Father's Signature _____

If not, give reason: _____ Guardian's Signature _____

Does student have any physical limitation or problems that should be known by the coach?

Note: An examination to determine the physical fitness of the player is required at least once each year prior to participation in the program. Physical examinations can be taken any time during the 12-month period prior to participation. You may attach a copy of a physical exam form (e.g., school form)

ACCIDENT INSURANCE – PARENT RESPONSIBILITY

I understand that athletic accident insurance is not a requirement for participation in the Issaquah Select Basketball competitive basketball program. I recognize that in case of injury to my son, the cost of treatment is my responsibility and not the responsibility of the Issaquah Select Basketball or Issaquah Parks & Recreation. I further understand that it is strongly recommended that my son be covered by medical insurance while participating in the Select program.

I have adequate coverage with: _____
Name of Company

I do not have adequate coverage and need an insurance program.

I accept full responsibility for the cost of treatment for any injury my child may suffer while participating in the Issaquah Select Basketball competitive basketball program.

Parent or Guardian Signature