

2011-2012 Poway Youth Basketball League

Medical Form - PLEASE PRINT

PARENTS/GUARDIANS: Please complete this form and return it to your child's coach.
COACHES: Please carry this completed form with you to all PYBL practices and games in the event of an emergency.

CHILD'S FIRST NAME LAST DATE OF BIRTH AGE

NAME OF PARENT OR GUARDIAN ADDRESS OF PARENT OR GUARDIAN

HOME PHONE CELL PHONE BUSINESS PHONE

MINOR RELEASE

I give permission for the minor in my custody to participate in the activity of basketball and hereby waive, release and discharge any and all claims rights to claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me, as a result of said minor's participation in said activity. This release is intended to discharge in advance the promoters, sponsors, Poway Youth Basketball League, the officials, and any involved municipalities or other public entities (and their respective agents and employees), from and against any and all liability arising out of or connected in any way with said minor's participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents occasionally occur during said activity and that participants in such activity occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence thereof. Knowing the risks of said activity, nevertheless, on behalf of said minor child, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who, through negligence or carelessness, might otherwise be liable to me, or my heirs or assigns for damages.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns,

I agree to accept and abide by the rules and regulations of Poway Youth Basketball League.

SIGNATURE OF PARENT OR GUARDIAN

DATE

CONSENT TO TREATMENT OF MINOR

In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by the Poway Youth Basketball League and its representatives, agents or assignees, when neither the parents, guardian, or designated family physician can be contacted, I

hereby give my consent pursuant to California Civil Code #25.8 for emergency treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of California.

SIGNATURE OF PARENT OR GUARDIAN

DATE

FAMILY PHYSICIAN NAME

TELEPHONE

INSURANCE COMPANY

TYPE OF COVERAGE

PERTINENT MEDICAL HISTORY INFORMATION (EPILEPSY, DIABETES, ALLERGIES, ETC.):

EMERGENCY CONTACTS & PHONE NUMBERS:

NAME

TELEPHONE

NAME

TELEPHONE