

NEW CANAAN BASKETBALL ASSOCIATION TRYOUT REGISTRATION/MEDICAL RELEASE FORM

Child's Name: _____ Birthdate: _____

Address: _____ Phone # _____

EMAIL _____ Grade: _____

I/We, the undersigned, the parent(s) legal guardian(s) of the above named minor child (the "Child"), in consideration of acceptance by the New Canaan Basketball Association, Inc. ("NCBA") of the Child for tryout and, if selected, for the NCBA basketball program (the "Program"), and as a material inducement to NCBA to accept the Child for tryout and, if selected, for the Program, agree to abide by the rules and regulations of the NCBA, as same currently exist or shall in the future be promulgated, and hereby certify, acknowledge and agree to the following:

By way of RELEASE:

I/We are familiar with the sport of Basketball and the risk of injury to the Child. I/We understand that participating in the sport of basketball is a vigorous activity which can be dangerous and that the risk of injury is significant, including, but not limited to, the potential for permanent paralysis and death, head and neck injuries, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs.

I/We have caused the Child to be examined within the year preceding the date hereof by his/her physician, named herein below (the "Physician"), and the Child has been found by the Physician to be physically fit to participate in the Program.

Physician Name: _____ Telephone # _____

Address: _____

Any medical condition, allergy or condition of any kind or nature that may affect the Child's ability to participate in the Program or that might be important or useful should the Child require (or in determining if the Child should be given) medical attention in the course of participation in the Program is listed/described here:

I/We understand that the NCBA, its officers, directors, coaches or any other person connected therewith are not responsible for providing trained medical personnel at any NCBA activity, and are not responsible for providing medical treatment, of any kind or nature, including without limitation, first aid, to the Child in the event of sickness or injury to the Child during any NCBA activity (including travel to and from any NCBA activity), and that in the event of illness, injury or accident to the Child, it is my/our obligation to provide for such medical treatment. I/We further understand that it is the recommendation of the NCBA that I/We be present at all NCBA activities in which the Child participates.

I/We also hereby release and discharge NCBA, its officers, directors, coaches and any other person or entity (including any owner of any facility where an NCBA activity takes place) connected therewith (the "NCBA and NCBA Personnel") from any responsibility or liability for injury to the Child while participating in or as a result of participation in an NCBA activity or while traveling to or from such activity, or sustained during the transporting of the Child for treatment or the provision of first aid to the Child, as authorized below or during or as a result of the medical treatment rendered as authorized below, and, further, hereby indemnify and hold harmless the NCBA and NCBA Personnel from any loss, cost or expense as may result from any claim or suit against the NCBA and/or the NCBA Personnel, or any of them, arising out of relating to such injury, including, without limitation, the cost of defense thereof and reasonable attorney's fees incurred in connection therewith.

By way of MEDICAL AUTHORIZATION:

In the event that I/We are not present at an NCBA activity (or during travel to or from such activity) and the child shall sustain injury, suffer accident or illness I/We hereby authorize the NCBA and any NCBA Personnel (a) to transport the Child or cause the Child to be transported to a licensed hospital or physician for treatment and hereby authorize any duly licensed physician, Emergency Medical Technician, Hospital or employee thereof to render such medical treatment to the Child as they or any of them shall deem necessary or appropriate; and (b) to render first aid to the Child, but understand and agree that they are not responsible or obligated to do so.

THE FOREGOING MEDICAL AUTHORIZATION SHALL BE AND REMAIN EFFECTIVE FOR ONE (1) YEAR FROM THE DATE GIVEN BELOW.

I/We certify that the Child is covered by medical/hospitalization insurance as follows:

Carrier: _____

Policy No.: _____

The obligations and benefits of this Agreement shall bind and benefit the parties hereto, their spouse, estate, heirs, executors, administrators, or successors with the same effect as if mentioned in each instance where a party is named or referred to herein.

This Agreement shall be construed and enforced in accordance with the laws of the State of Connecticut and if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

*** CAUTION - READ BEFORE SIGNING ***

I/WE HAVE CAREFULLY READ THE FOREGOING RELEASE AND MEDICAL AUTHORIZATION AND KNOW AND UNDERSTAND THE CONTENTS THEREOF, AND FREELY SIGN THE SAME.

Date: _____

Signature of Parent/Guardian: _____

Print Name: _____