

Registration to Play PTBBA Basketball

(updated 9-05-15)

The following is a republication of the agreement that you, as a parent, have agreed to when registering your child to play a PTBBA sponsored basketball activity (via the use of an electronic signature). This is reprinted here for reference only.

(By registering your child, you agree to the following. You must scroll down to the bottom and select the "I / We Accept the above" check box in order to complete registration. By completing this player registration, you affirm that you are the parent and / or legal guardian for the player being registered. You agree that electronic acceptance shall be binding just as an original signature.)

CONSENT TO PARTICIPATE / ACKNOWLEDGEMENT OF RISK / WAIVER & RELEASE OF LIABILITY /
CONSENT TO MEDICAL TREATMENT / CONSENT TO BE PHOTOGRAPHED

CONSENT TO PARTICIPATE:

I / We give permission for my child to participate in Peters Township basketball sponsored by the Peters Township Basketball Association (PTBBA). Participation will be in accordance with the PTBBA By-Laws and in full accordance with all insurance requirements and conditions set forth by PTBBA. I shall not permit my child to participate, represent or play in any PTBBA contest, scrimmage, tournament, practice or other competition unless my child is physically able to participate in the sport of basketball. I / We also acknowledge that PTBBA has recommended that my child have completed concussion testing within the prior 2 years.

ACKNOWLEDGEMENT OF RISK:

I / We acknowledge that injuries might occur by participating in basketball since injuries are inherent to any physical activity or sport. I / We understand that I / we shall purchase and maintain required continuous and uninterrupted medical insurance for my child during the period of participation in basketball activities and shall retain complete responsibility for medical care and related expenses. I / We agree that failure to provide continuous and uninterrupted medical insurance, and proof of said coverage upon reasonable request, will result in my child being removed from participation in all PTBBA activities and events. I / We shall promptly notify PTBBA (Attn: President of PTBBA) in writing of any changes to my / our child's medical coverage or information that may occur during the season.

I / We acknowledge that injuries including death might occur in the course of private or public transportation of my / our child involving basketball warm-ups, practices, scrimmages, games, tournaments and any other activities as related to basketball.

WAIVER AND RELEASE OF LIABILITY

I / We, for myself / ourselves and on behalf of my / our heirs, assigns, personal representatives and next of kin, hereby release, agree to indemnify and hold harmless the Peters Township School District, the

Peters Township Parks and Recreation Board, the Peters Township Boys Basketball Association, Coaches and instructors, members, sponsoring agencies, sponsors, advertisers, and if applicable, owners or lessors of premises used to conduct an event and any agency acting on behalf of PTBBA from any expense that may be incurred in connection with injury to, including death of, my child resulting from the participation in the sport of basketball or resulting from the transportation, either private or public as related to a PTBBA event or activity.

CONSENT TO MEDICAL TREATMENT:

In the event of injury, accident, or sickness, I / we authorize PTBBA to seek treatment for my / our child by a licensed physician and/or hospital. Medical care and / or treatment may be given under whatever condition is necessary to preserve life, limb or well being of my / our child.

CONSENT TO BE PHOTOGRAPHED & USE OF PHOTOGRAPHS:

I / we give permission to PTBBA and/or parties designated by PTBBA to photograph my child and use / publish such photographs on the PTBBA website and in all forms of media for any and all promotional purposes related to youth basketball; including advertising, display, audiovisual, exhibition or editorial use. I / we understand that there will be no financial compensation to me for my or my child's time or expenses for this consent to photograph and I / we release PTBBA from any and all claims.

ACCEPTANCE:

Intending to be legally bound, I / we do hereby release, absolve and discharge Peters Township School District, the Peters Township Parks and Recreation Board, the PTBBA, its Executive Board members, coaches, employees, members and any agent acting on behalf of PTBBA from any liability to, or claims for damages related to, my child resulting from any cause whatsoever, either unintentional or otherwise, in connection with participation in Peters Township Boys Basketball Association activities or events. I / We have read this Consent to Participate / Acknowledgement of Risk / Waiver & Release of Liability / Consent to Medical Treatment agreement(s) and have had an opportunity to consult legal counsel on the terms, fully understand its terms, understand that I/ we have given up substantial rights by accepting it, and freely and voluntarily without inducement agree to its terms by clicking on the "I / We Accept the above" check box below. I / We agree that electronic acceptance shall be binding just as an original signature.