

Morton Basketball Association Waiver

Player's Name _____

Address _____

City _____ State _____ Zip _____

Parents'/Guardians' Name(s) _____

Address (if different from above) _____

Phone _____ Phone #2 _____ DOB _____

Email address: _____ Grade in School: _____

Circle the appropriate age group and gender:

Boys 3rd Boys 4th Boys 5th Boys 6th

Girls 4th Girls 5th Girls 6th

In consideration for allowing me to participate, which I agree is at my own risk and entirely of my own free will, I hereby, for myself and on behalf of my heirs, executors, administrators and assignees, waive, release and discharge Morton Basketball Association ("Association"), Morton Unit School District 709, and Morton Park District, and their collective employees, agents, officers, directors, board members, insurers, affiliates, sponsors, and coaches ("Releasees"), for any and all loss, injury, or other damage sustained in any Association activities, whether or not due to, arising from or contributed to by any physical impairment or defect I may have, whether latent or patent, and agree that the Releasees are under no obligation to provide a physical examination or other evidence of fitness to participate, which is my sole responsibility. I also give permission to use my name or picture in any published report of the activities of the Association.

Signature _____ (Parent if a minor)

Date _____

Authorization To Seek Emergency Medical Care

As the parents(s)/guardian(s) of _____, who is a member of the Morton Basketball Association, located in Morton, IL, I (we) authorize the supervisors of said team to seek emergency medical care/treatment in case of accident/injury to the above named while as a member of said team he (she) is participating in, traveling to or traveling from any event at which I (we) myself (ourselves) are not present.

Signature _____ Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (____) _____ (work) _____ (____) _____

Nearest friend or relative to contact if unable to reach above:

Name _____ Phone (home) _____ (____) _____

Relationship _____ Phone (work) _____ (____) _____

Family Physician _____ Phone (office) _____ (____) _____