

GC JUICE BASKETBALL



Participant Name: _____
 First Middle Initial Last

Grade: 1 2 3 4 5 6

School: _____

Mailing Address: _____
 Street City Zip

Home Phone: _____ Date of Birth: ____ / ____ / ____

Height: ____ Weight: ____

Parents: _____
 Mother's Name Cell Phone #

 Father's Name Cell Phone #

Mother's Email Address: _____

Father's Email Address: _____

Medical Conditions of Note: _____

GC JUICE BASKETBALL

Player Information Publication Consent

_____ **YES**, I give consent for the registrant's information to be published in, but not limited to, athletic programs, newspaper releases and newsletters. Students' pictures may also be used to show sports activities on a website or media publication, but students would not be directly identified by name without prior written consent. No student identifiable information will be used on a website without parental consent.

_____ **NO**, I do not give consent for the registrant's information to be published in anyway.

Consent for Medical Treatment

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.
Parent or Legal Guardian:

Printed name: _____

Signature: _____ Date: ____ / ____ / ____

Waiver of Liability

In consideration of the athletic opportunities provided by the GCYBB program, I do hereby release or otherwise indemnify the GCYBB program, its affiliated organizations, all sponsors whether of the GCYBB program or Affiliated organizations, their employees, volunteers and associated personnel, including the owners of the facilities utilized for the GCYBB program, against any and all claims by or on behalf of the registrant, his estate or any other party claiming on his behalf as a result of the registrant's participation in the GCYBB program and/or being transported to and from such programs or related activities. The undersigned, as parent or legal guardian, acknowledges that in any athletic endeavor there is significant risk of injury including the possibility of permanent disability and even death. I have read this release and assumptions of risk agreement, fully understand its terms, and sign it freely and voluntarily without any inducement.

I, the undersigned as parent or legal guardian of the registrant, do hereby give my consent to the registrant's participation in programs and activities of the GCYBB program.
Parent or Legal Guardian:

Printed name: _____

Signature: _____ Date: ____ / ____ / ____