

CAA Youth Basketball League

Medical Form - PLEASE PRINT

PARENTS/GUARDIANS: Please complete this form and return it to a CAA Basketball Committee member.

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, CAA 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 CAA Youth Basketball League.

SIGNATURE OF PARENT OR GUARDIAN	DATE
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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 CAA 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 the provisions of the Delaware Civil Code for emergency treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of Delaware.

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