Flowing Wells High School Girls Summer
Basketball League Parent or Guardian Permit

School _____ Grade Level Next Season:_____ JV or Varsity

I/WE GIVE OUR PERMISSION for (player) _____ (athlete) to participate in the *Flowing Wells Girls Summer Basketball League* realizing that such activity does involve the potential for injury which is inherent in all sports. I/We acknowledge that even with the best of instructions, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death.

LIABILITY WAIVER

ACCEPTANCE OF MY REGISTRATION in the *Flowing Wells Girls Summer Basketball League* is without assumption of responsibility of any kind by the *Flowing Wells School District* or any of the staff of the *Basketball League*. In consideration of my entry, I do hereby for and on behalf of myself and my heirs and legal representatives release and forever discharge in *Flowing Wells School District* and the *Basketball League* staff and their successors and assigns, of and from any and all claims and demands of every kind, nature, and character which I may have or hereafter acquire for any and all damages, losses, or injuries which may be suffered or sustained by me in connection with my activities during the period from which such remissions are granted and any period traveling to or from the event described and all such claims are hereby waived and released and I covenant not to sue therefore.

CONSENT FOR EMERGENCY CARE

BE IT KNOWN THAT I, THE UNDERSIGNED parent or guardian of the student above, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment, and care to said student as, in the judgment of said doctor or hospital, may be rendered, on an emergency basis, in the event said student should be injured or stricken ill while participating in the *Flowing Wells Summer Basketball League*.

IT IS ALSO UNDERSTOOD that any expenses incurred will be paid for by insurance or the parents of the student. Payment of the expense is not the *Flowing Wells School District* or the *League* director's responsibility.

I/WE ACKNOWLEDGE that I/we have read and understand the above information.

_____ _____
Parent or Guardian Name (print) Date

Phone # Home _____ Work/Cell_____

_____ _____
Parent or Guardian signature Date

Family Doctor _____ Hospital_____

PLEASE LIST ANY MEDICAL PROBLEMS/MEDICATION OF WHICH WE SHOULD BE AWARE:

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