

Tucson Spartans, Consent for Treatment,& Release of Liability Form

Player Information (Please Print)

Name

DOB/School Grade/High School

Address

Parent Name & Phone Number

Parent Name & Phone Number

Consent for Treatment

Emergency Contact

Name Relationship to Player

Cell Phone

Medical Insurance

Allergies & Current Medication

The undersigned, the parent(s) or legal guardian(s) of the above named minor, hereby authorize my child's coach or any other official of the Tucson Spartans to consent to any medical examination or treatment, including hospitalization and/or surgery, which is deemed advisable, appropriate or necessary by licensed physicians, emergency medical technicians, paramedics or other medical practitioners in order to properly care for my child in the event she sustains injury or is suffering from any illness During the course of any playing or non-playing activities of the Tucson Spartans; provided, however, the foregoing consent or authorization shall be valid only in a situation where a parent or legal guardian of the above named minor is not reasonably available to provide the necessary consent to medical treatment.

Release of Liability

I hereby consent to my child's participation in any and all activities of the Tucson Spartans, and I agree to release, indemnify and hold harmless the Tucson Spartans Club basketball Organization, and its officers, directors, and agents, from and against any liability of any kind arising out of the activities of the Tucson Spartans or transportation to and from such activities. I understand that participation in competitive athletics involves risk of physical injury or death which cannot be totally eliminated. However, players may reduce injury by stretching properly, and properly reporting any injury to their coaches. In allowing my child to participate in the activities of the Tucson Spartans, I understand that I am expressly assuming the risks referred to above and releasing the Tucson Spartans, from any and all liability arising out of or relating to the activities giving rise to such risks.

PRINT PARENT(S)/GUARDIAN(S) NAME

_____ **DATE:** _____

SIGNATURE PARENT(S)/GUARDIAN(S)

DATE: _____