



Basketball

7847 Clinard Farms Road

High Point, NC 27262

pahpbasketball@gmail.com

Medical Release and Liability Waiver

Child's Name _____

Address _____

City _____ State _____ Zip _____

Emerg. Contact _____ Phone _____ Relationship _____

Physician _____ Phone _____

Insurance Information _____

****IMPORTANT MUST READ****

I, the Parent/Guardian of the registrant, a minor agree that the registrant and I will abide by the rules of PAHP Athletics and Phoenix AAU; recognizing the possibility of physical injury associated with athletic workouts and events.

I, the Parent/Guardian of _____, minor child do hereby give my permission to have _____ as a responsible child care provider monitor the activities of _____ at the workouts and events of PAHP Athletics and Phoenix AAU. I agree to be responsible for any charges incurred for the benefit of _____ and/or _____ at the workouts and events of PAHP Athletics and Phoenix AAU.

I hereby release, discharge, and/or otherwise indemnify PAHP Athletics and Phoenix AAU, its affiliated organizations and sponsors, their employees, and associated personnel against any claim by or on behalf of the registrant's and/or service provider's use of the facilities and/or participation in related activities on the premises.

Parent/Guardian's Name (Print) _____

Parent/Guardian's Signature _____ Date _____

Registrant's Signature (18 & Over) _____ Date _____

(OVER)

Consent for Medical Treatment (Minor)

As the Parent/Guardian of the registrant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor or Medicine Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve the life, limb, or well-being of the registrant.

Parent/Guardian's Signature _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ (home) _____ (cell)