

# QUEEN CITY FALL BALL LEAGUE

## Fall Basketball Waiver Form

NAME OF PLAYER \_\_\_\_\_

NAME OF PARENT(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-Mail \_\_\_\_\_

PHONE: CELL \_\_\_\_\_ HOME \_\_\_\_\_

GRADE \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

INSURANCE COMPANY AND POLICY NO. \_\_\_\_\_

ANY MEDICAL PROBLEMS? \_\_\_\_\_  
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I hereby give permission for \_\_\_\_\_

To participate in the above activity and agree that he/she will abide by all the rules and regulations of the facility/area and /or the Phoenix South Basketball Club, it's designated officers and agents.

In case of accident or illness, please contact \_\_\_\_\_  
\_\_\_\_\_ at (phone) \_\_\_\_\_

My family physician is \_\_\_\_\_

In the event of an accident or injury, I hereby waive liability, as parents and guardian of the above child, for the Phoenix South Basketball Club and their agents or employees, and will hold harmless. I understand that there is no medical insurance being provided by the Phoenix South Basketball Club for Fall Basketball League.

DATED \_\_\_\_\_ SIGNATURE \_\_\_\_\_