2010 AGREEMENT TO PARTICIPATE

READ CAREFULLY – THIS FORM MUST BE RETAINED BY THE HEAD COACH

I understand there are several inherent risks involved in athletic participation in the sport of basketball and I voluntarily assume all such risks. I, intending to be legally bound, do hereby, for myself, the athlete, heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages which may have or which may hereafter accrue to the athlete against [Host club] Basketball, the Virginia District of the Amateur Athletic Union, the Amateur Athletic Union of the US, the National AAU Committee, the sponsors and officials of any basketball event in which the _____ club participates in, the owners of facilities in which events, scrimmages, or practice sessions are held, or any other support group of organizations, and their respective directors, officers, agents, members, coaches, sponsors, parents, volunteers, representatives, successors, and assigns for any and all damages which may be sustained and suffered by the athlete in connection with his or her entry or participation in any basketball event, scrimmage, or practice session involving _____ club whether or not sanctioned by the AAU or any governing body or which may arise out of traveling to and from said events including lodging.

I, or we, grant to the coaches, trainers, adult volunteers, tournament directors, or other assigned chaperones to act as guardian/spokesman in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for my child while en route to or from or at the site of any basketball event, scrimmage, or practice session. Should a health emergency arise such medical treatment as deemed necessary by competent medical personnel is authorized.

I hereby authorize [Host Club] Basketball and the AAU to allow the reproduction, dissemination, and/or publication of my name and likeness for media coverage, public relations, or any other purpose, which may involve the use of photographs, films, or video tape recording without remuneration.

I agree to pay for any damage or theft caused by the athlete to property including but not limited to locker rooms, vehicles, or hotel rooms. I agree to pay for any long distance telephone calls, movies, or other extra costs charged to the athlete's hotel room. I authorize the assigned chaperones to send my child home early from events in the event of serious misbehavior including any involvement with illegal drugs or alcohol and agree to pay for the costs of transportation.

_____ _____ _____ _____

Signature of Athlete **Date** **Signature Parent/Guardian** **Date**

MEDICAL AND INSURANCE INFORMATION:

NAME_____ BIRTH DATE_____
HOME PHONE_____ PARENTS WORK PHONE_____
EXISTING MEDICAL CONDITIONS, ALLERGIES, AND MEDICATION
_____
_____

PHYSICIAN _____ PHYSICIAN PHONE_____

INSURANCE COMPANY OR PROGRAM
_____

POLICY NUMBER
_____