

Creative Youth Development Sports Leagues

2020/21 Basketball Information and Waiver Form

ATHLETE INFORMATION

Please Print Legibly

Athlete's Name: (Last) _____ (First) _____ (M) _____

Home Address: _____

City: _____ **State** _____ **Zip Code** _____

School currently attending: _____ **Grade** _____

Birth date ____/____/____ **Male** [☐] **Female** [☐]

Participating Team _____ **Participating Division** _____

RELEASE AND HOLD HARMLESS

Youth participants, parent and/or legal guardian of player, must read this waiver form. Signature on this form signifies that they have read, understand and abide by this information. There are risks associated with the participation in the Creative Youth Development Basketball League and its related activities. I, _____, release and hold harmless Creative Youth Development Basketball League, any and all of its affiliates, corporate sponsors, players, coaches, owners, directors, employees, and volunteers, from all action, suits, demands and costs whatsoever in law. This will include reasonable attorney fees and costs or equity including but not limited to the risk of injuries from participating in any program organized by the above-named organization and to the risk of loss of personal property by theft or otherwise.

I have read and understand that I have given up substantial rights by signing this waiver and signs voluntarily. I hereby certify that the above-named athlete is in good health and is able to participate in all activities. Any medical deficiencies have been noted on back. If any attention is required for illness or injury, I will give my consent to have athletic trainer, medical doctor, nurse, hospital or clinic provide my child with medical assistance and or treatment and agree to be responsible financially for the cost of such assistance and or treatment.

Parent or Guardian's name _____ **E-mail** _____

Signature _____ **Phone# (W)**(____) _____ **(C)**(____) _____

MEDICAL HISTORY

If you answer yes to any of the items below, please provide an explanation on the reverse side of this form.

Asthma	Y	N	Bleeding Tendencies	Y	N
Allergies	Y	N	Sickle Cell Tendency	Y	N
Glasses/Contacts	Y	N	Surgery in Past Year	Y	N
Fractures within Past Year	Y	N	History of Heart Murmur	Y	N
Dental Braces	Y	N	Kidney Disease	Y	N
Head Injuries	Y	N	Seizures (fits)	Y	N
Serious Illness	Y	N	Diabetes	Y	N
Repeated Bone/Joint Injury	Y	N	Current Medication: _____		

List any other Medical Deficiencies: _____

EMERGENCY CONTACT INFORMATION

In Case of an Emergency, please notify:

Name: _____ Relationship _____

Address: _____ City _____ State _____ Phone (____) _____