

CONNECTICUT MAGIC

GIRLS AAU BASKETBALL WAIVER

PLAYER/GUARDIAN INFORMATION

FIRST NAME: _____ LAST NAME: _____
AGE: _____ D.O.B: _____ GRADE: _____
SCHOOL: _____
GUARDIAN NAME: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
HOME PHONE: _____ CELL PHONE: _____
EMERGENCY CONTACT NAME: _____
RELATIONSHIP: _____ PHONE: _____
HOSPITAL PREFERENCE: _____ TOWN: _____
DOCTOR NAME: _____ PHONE: _____
ALLERGIES: _____
SPECIAL MEDICAL/PHYSICAL CONDITIONS: _____

ATHLETE'S WAIVER, PLEDGE AND CONSENT AGREEMENT

WHILE YOUTHS ARE RESPONSIBLE FOR THEIR OWN BEHAVIOR, AS A PARENT AND/OR LEGAL GUARDIAN, I REMAIN LEGALLY LIABLE FOR ANY ACTIONS OR DAMAGES MADE BY THE ABOVE NAMED MINOR. I AM AWARE THAT I WILL BE CALLED IF MY CHILD BREAKS ANY OF THE RULES AND HAS TO BE SENT HOME. I AGREE ON BEHALF OF MYSELF, MY CHILD NAME HERIN, OUR HEIRS, SUCCESSORS, AND ASSIGNS TO HOLD HARMLESS AND DEFEND CONNECTICUT MAGIC, ITS ADMINISTRATORS, DIRECTORS, EMPLOYEES AND REPRESENTATIVES ASSOCIATED WITH MY CHILD ATTENDING THIS EVENT OR IN CONNECTION WITH ANY ILLNESS OR INJURY OR COST OF MEDICAL TREATMENT IN CONNECTION THEREWITH.

I HEREBY WARRANT THAT TO THE BEST OF MY KNOWLEDGE, MY CHILD IS IN GOOD HEALTH AND PHYSICAL CONDITION AND HAS NO DISEASE OR INJURY THAT WOULD RESTRICT HER PARTICIPATION IN ACTIVITIES RELATED TO CONNECTICUT MAGIC I ASSUME ALL RESPONSIBILITY OF THE HEALTH OF MY CHILD. IN THE EVEN OF ANY EMERGENCY AND I CANNOT BE REACHED, I HEREBY GIVE PERMISSION TO TRANSPORT MY CHILD TO A HOSPITAL OR MEDICAL FACILITY AND TO SEEK MEDICAL ATTENTION.

I UNDERSTAND THAT THE CONSUMPTION OF ALCOHOLIC BEVERAGES OR NON-PRESCRIBED DRUGS WHILE PARTICIPATING IN THIS AAU PROGRAM IS STRICTLY PROHIBITED AND THAT FAILURE TO CONDUCT HERSELF IN A SOCIALLY RESPONSIBLE MANNER WILL RESULT IN IMMEDIATE EXPULSION FROM THE AAU

BY ENTERING AND PARTICIPATING IN THE CONNECTICUT MAGIC AAU GIRLS BASKETBALL, I AGREE TO ABIDE BY THE RULE AND REGULATIONS OF THE AAU ADMINISTRATORS AND COACHES.

Athlete's Signature

Parent's Signature