



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

High School Basketball League
Participant Release Form
*This must be on file BEFORE playing

Participants Name: _____
Parent or Guardian Name: _____
Address: _____
City: _____ State: ___ Zip : _____
Mobile Phone: _____
Emergency Contact Name: _____
Emergency Contact Phone/Mobile: _____
Allergies (please list any/all allergies participant has experienced) : _____

Medications (please list any/all medications participant is currently taking): _____

Special Health Needs/Concerns: _____

Is participant covered by insurance? YES NO Carrier/Plan

Name: _____
Name of Insured: _____ Group #: _____
Policy #: _____
Preferred Hospital Provider: _____
Physician's Name: _____

- 1. I certify that the participant listed above are in normal health and capable of safe participation in YMCA recreation programs.
2. In the event that I cannot be reached in an emergency, I authorize the Cole Center Family YMCA staff to provide and obtain medical treatments for my child.
3. I give permission for the YMCA of the Cole Center Family YMCA to use any suitable photographs and/or quoted statements by my child or me for the purpose of promotion and advertising of the YMCA of the Cole Center Family YMCA and its programs. I understand that there will be no paid compensation for any such usages.
4. In consideration of my child's participation in the activities of the Cole Center Family YMCA, and its respective officers, employees and members, including but not limited to its or their own negligence, and do hereby for myself, 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 my child arising out of or connected with participation in any of the activities of the Cole Center Family YMCA, use of its facilities, or use of equipment within its facilities.

Signature of Parent/Guardian: _____ Date: ___/___/___