

Individual Player Registration, Liability Waiver, and Medical Consent Form 2018 2018 GYM Boys' & Girls' Basketball League

Player Information

Player Name _____

High School Attending _____ Grade Level (9,10,11,12) _____

Parish at which player's parents are registered _____

If the player's parents are not registered at a parish, is the player Catholic (circle one) YES NO

Have the player's parents switched or joined another parish in the last year (circle one) YES NO

Parish for which player is playing _____

Playing as a (check one) Parish Member _____ Non-parish Member _____

Coach's Name _____ Name of DRE/DYM _____

Parent/Legal Guardian

Name _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Insurance Information

Is the player covered under a health insurance policy? Yes No If no, please complete form #2013-143, Parent/Legal Guardian Indemnity Agreement (For Players with No Health Insurance).

Name of Employer _____

Company _____ Group # _____

Subscriber _____ Policy # _____

Child's Medical Information

Family Physician _____ Phone _____

Group/address _____

Medical problems _____

Allergies _____

Emergency Contact Information

Name _____ Phone Number _____

Individual Player Registration Liability Waiver and Medical Consent Form

-Continued-

I consent to the participation of _____ in CYM Basketball. In consideration for my SON/DAUGHTER/Ward's participation, I agree to reimburse and indemnify the CYM BASKETBALL LEAGUE, PARTICIPATING PARISHES, THE ARCHDIOCESE OF MILWAUKEE, AND US AGENTS, for all reasonable legal and court fees incurred In defending a lawsuit that I or my SON/DAUGHTER/WARD may bring against the CYM Basketball League, which relates to CYM Basketball If the CYM Basketball League Is found not legally liable by the courts and prevails In the lawsuit If the CYM Basketball League is found legally liable for injuries sustained by my SON/DAUGHTER/WARD, this paragraph will not apply.

My/our child wishes to participate in CYM Basketball. I/we realize that there are numerous risks involved in participating in this activity. These risks could involve (but are not limited to): sprains, contusions, broken bones, lacerations, concussions, permanent disability, internal injuries, paralysis, and possibly death. These risks could impair my/our child's future abilities to earn a living, engage in business, social and recreational activities and to generally enjoy life. I/We have been informed about the various risks associated with my/our child's participation In CYM Basketball and the potential Injuries that may occur.

I/We assume all responsibility and certify my/our child is in suitable, good physical condition. Further, I/we are unaware of any medical condition' that would inhibit my/our child's participation. As a condition of my/our child's voluntary participation in CYM Basketball, I/we agree to accept all the previously mentioned risks as a condition of my/our child's participation.

In the event of an injury or illness, I/we grant permission to any and all healthcare providers designated by _____ to provide my/our child _____ any and all necessary medical care related to the injury or illness. I/we further understand I/we will be contacted as soon as is practical as to the medical emergency and be provided with all necessary Information related to the medical emergency.

Parent/Legal Guardian

Date

I consent to the use by the Archdiocese of Milwaukee of any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which I or my child may appear. I understand that these materials are being used for promotion of Office for Schools, Child and Youth Ministry or the above named parish/school. Such promotional activities extend to recruitment, fund-raising, advocacy, etc. I release the staff, volunteers, etc. of the Archdiocese of Milwaukee or the above named parish/school from any liability connected with the use of my or my child's picture or voice recording as part of any of the above or similar activities.

I have read the Youth Code of Conduct and agree to instruct my teen to abide by the rules of the League, its agents, and the sponsoring parish. I agree that if my teen fails to abide in any way with this Code of Conduct and rules of the CYM Basketball League, my teen will be asked to assume the natural consequences of his/her actions.

Parent/Legal Guardian

Date

As a player in the CYM Basketball League, I have read the *Player Code of Conduct* and agree to abide by the Code and the rules established by the league and my parish. I will assume the consequences of my actions should I choose not to abide by the Code of Conduct and any established rules.

Player Signature

Date