

Liability Waiver and Consent for Medical Treatment

Player Name:	Birthdate:	
Address:		
City:	State:	Zip:
Parent Name(s):	C	Cell Phone:
Emergency Contact:	C	Cell Phone:
Player-participant and parent the best of my knowledge, no child's participation.	physical or other health-rela	and hazards, which the der and which the Player assumes. To ted conditions will interfere with my layer, understand and acknowledge
that such recreational activities unforeseeable, that may result family, agents, and contractor Mark Baxter, its sponsors, votall claims, actions, or losses liability for injury or damage a	es have inherent risks, dange ult in injury, illness, or property rs, I hereby release and agree llunteer coaches, directors, ut related thereto. Results Bask	ers, and hazards, foreseeable and a damage, and on behalf of myself, my e to hold harmless Results Basketball, tilized facilities and their owners, from etball and Mark Baxter assume no ticipation of the above Player unless
Medical Treatment Release: Due to the strenuous nature of basketball, the Player participant is urged to consult their physician concerning their fitness to participate. I, the undersigned parent/guardian for the above-named Player, hereby approve of my child's participation in Results Basketball training and consent to emergency medical treatment for my child on my behalf. I also authorize Mark Baxter of Results Basketball to obtain any necessary medical treatment for my child on my behalf in case of an emergency where I am not present and understand that I will be notified as soon as possible.		
		Date: he above player's participation in