IRVINE HOOPS CLASSIC '09 – INFORMATION & CONSENT FORM

Instructions: Fill out form and return to your coach when completed. **(deadline: Friday, October 23, 2009)**

PLEASE PRINT Name of School _____

PLAYER'S LAST NAME PLAYER'S FIRST NAME

(MALE / FEMALE)

DOB (D/M/YY) GENDER GRADE AGE TEACHER

ADDRESS STREET APT.# CITY ZIP

( )

HOME PHONE NUMBER E-MAIL ADDRESS

EMERGENCY INFORMATION

( ) ( )

Father's Name: Business Phone # Pager or Cell Phone #

( ) ( )

Mother's Name: Business Phone # Pager or Cell Phone #

( ) ( )

Stepparent/Guardian Business Phone # Pager or Cell Phone #

On behalf of (Player's Name), _____ my minor child, I hereby apply for his/her participation in the Irvine Hoops Classic and to induce the Irvine Hoops Classic to accept this application. I hereby warrant that both myself and my child are familiar with the risks associated with participation in an active sport such as basketball; furthermore, I warrant that my child is in good health, has no condition or defect which would interfere with his/her participation. In short, my child is active, in good health, and anxious to play basketball.

I do hereby agree and consent to my child's participation in the Irvine Hoops Classic on November 11th 2007, and assume all risks and hazards which are incidental to the conduct of the activities. I hereby release, absolve, indemnify, and hold harmless the Irvine Hoops Classic and Irvine Youth Basketball League, their officers, directors, employees, agents and any of them, their sponsors, organizers, and supervisors of any and all liability of damage, injury, or expense of any kind arising out of, or connected with, my child's participation in the Irvine Hoops Classic.

Participation in competitive athletics may result in serious injury. It is impossible to completely eliminate such occurrences from competitive sports. Players can reduce the risk of serious injury by obeying safety rules, following a proper conditioning program, and maintaining their equipment properly.

EVEN IF ALL THESE REQUIREMENTS ARE MET, AND EVEN IF THE ATHLETE IS IN EXCELLENT PHYSICAL CONDITION WITH PERFECT EQUIPMENT, A SERIOUS ACCIDENT MAY STILL OCCUR.

I acknowledge that I have read this consent form and knowingly, on behalf of my child, assume all the risks associated with participation in any way in the Irvine Hoops Classic event.

Date: _____ Name of Participant: _____ Parent Signature: _____

Special notations regarding medical history: _____

If the above person needs emergency medical treatment and neither a parent nor the family physician can be contacted, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

I have read and understand the above information.

Parent OR Guardian Signature: _____ Date: _____