

BULLDAWGS



BASKETBALL CLUB



**2010/2011 Fall/Winter
Parent Permission Form, Liability Waiver
Release Authorization for Medical/Dental Treatment**

I, the undersigned, the parent and/or legal guardian of _____ (**Player**) acknowledge that the Player is receiving valuable instruction and experience by his/her involvement with Bulldawg Basketball Club. In consideration thereof, I hereby grant permission for the Player to play, compete, train, and otherwise participate in the Bulldawg Basketball Club including but not limited to practice, games, tournaments, clinics, camps, fundraising, volunteering, social activities, travel by any and all means including private, public, and commercial transport by ground, air, and water based vessels, and other activities sponsored by the BullDawgs Basketball Club.

I recognize the fact that basketball is a contact sport and that serious injuries can and do occur. I accept the full responsibility for any injuries that may occur to the Player as a result of him/her trying out for and participating in the BullDawgs Basketball Club. I waive any and all liability against BullDawg Basketball Club, its officers, coaches, trainers, volunteers, affiliated organizations, sponsors, vendors/suppliers, the school districts and the owners and operators of any facility utilized by the BullDawgs Basketball Club, and hereby release and discharge the same, from any claim, loss, injury, cost, damage or expense incurred/sustained by or on behalf of the Player as a result of the Player's participation in the Bulldawg Basketball Club. I further agree to indemnify and hold harmless all of the above organizations, employees, officers, coaches, trainers, volunteers, and sponsors for any judgment awarded, attorney fees, and other expenses with respect to any claims, loss, damage, or expense which may be sought by or on behalf of the Player or his/her family/guardian.

I, the undersigned, the parent and/or legal guardian of _____ mentioned hereby grant permission for the Bulldawg Basketball Club, its officers, coaches, and trainers, to authorize medical or dental treatment for the Player by any available and qualified physician/dentist or other trained medical personnel. In addition, this permission extends to and includes authorization for emergency treatments, procedures, and surgeries for the Player. Furthermore, on-going medical treatment is authorized until such time as the undersigned shall dismiss these physicians/medical personnel in writing and have engaged another qualified physician. This permission and authorization includes admission to a hospital or medical facility if the attending physician deems it necessary.

I understand that monies paid and donated to the BullDawgs Basketball Club are nonrefundable. I understand that participation in the Bulldawg Basketball Club is done in accordance with the acceptance of this permission, authorization, release, and waiver. The permission for participation and authorization for medical treatment is effective for thirteen (13) months after the date of my signature hereto (Participation Period). The waiver and release of liability for causes of action arising under or related to the Participation Period continue into perpetuity.

PLAYER NAME: _____ Insurance Carrier: _____

Policy #: _____ Primary Policy Holder: _____ ID#: _____

In case of emergency, contact: _____

Work Phone: _____ Home Phone: _____

If your insurance carrier requires a phone call prior to treatment or hospital admission, please provide

Phone number and/or point of contact: _____

1. **Copy of Medical Card** (Not needed if you are a returning player)
2. **Copy of Birth Certificate** (Not needed if you are a returning player)
3. **Most Recent Report Card**

BullDawgs Basketball Club Tryout Registration Form

Players will not be able to participate in tryouts unless registration process is completed.

Player Name: _____ **Player Birth Date** _____

School/Grade _____ **Height** _____ **Weight** _____

Playing Experience _____

Positions played: Point Guard Guard Small Forward Forward/Center Center

1. Parents'/ Guardians' Name(s) _____

Address _____

Cell Number _____ Home Number _____ Email _____

2. Parents'/ Guardians' Name(s) _____

Address _____

Cell Number _____ Home Number _____ Email _____

Referred by _____

Please list other teams or sports playing. Fall _____ Winter _____

Please check off what you are interested in ____ Tournament play ____ Competition ____ Friends on team

____ Other *please explain* _____

Commitment level

A. 100% BullDawgs:

B. Has another team/club, but will make BullDawgs a priority for scheduling.

C. Other team/club has priority. (I will not receive any special training from BullDawgs)

Choice ____

A. level players will have the priority for training.

B. level players will have next priority.

C. level players will NOT receive any additional training as part of the BullDawgs Program.

I/We understand that the BullDawgs Basketball Club tryouts are for the purpose of filling a limited number of roster spots on the BullDawgs tournament teams. The decision regarding which players, if any, are invited to play on a team is wholly within the discretion of the Coaches and Team Managers. I/We have been informed that the BullDawg Basketball Club may invite a very limited number of additional players based on team needs and evaluations of the coaching staff.

Parent Signature

Date