



2014-15 **PLAYER** REGISTRATION # _____

Player's Name _____

Parent/Legal Guardian's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address(es)(required) _____

Date of Birth _____ League Age _____ (As of October 15th, 2014) Male Female

Existing medical conditions: _____

I, the undersigned hereby indemnify, defend and hold harmless the Campbell Junior Basketball Program, its appointed or elected officials, employees, volunteers and each of them for any and all suits, actions, legal or administrative proceedings, claims, demands, liabilities, interest, attorneys fees, cost and expenses of whatsoever kind or nature, arising out of my (child or dependent) participating in this program.

I further recognize the authority of the Campbell High School Administration, Junior Program Administration and the Smyrna and or Cobb County Police to remove any coach, player, referee or spectator from any facility and or event if deemed necessary in order to assure compliance with the Campbell Junior Program and Campbell High School's Rules and Regulations and to assure the well being of school's user's, programs, facilities, and citizens. A parent / spectator will be given a warning for unsportsmanlike conduct. A second warning may include and lead to dismissal of your child from the program. This league's mission is to provide positive recreation, basketball and fun for the children.

I further verify that by agreeing to this statement that I am covered by an accident or medical insurance policy.

I acknowledge that the activities in which my child will be involved may be dangerous in nature and I represent that I know and understand those dangers to which my child will be exposed. I specifically acknowledge and understand that basketball is a collision sport with risk of serious injury.

I do hereby WAIVE, RELEASE, ABSOLVE AND AGREE TO INDEMNIFY PAY AND HOLD SAFE AND HARMLESS said Basketball program, its entire organization, its coaches, participants, board of directors, all officers, for and from all claims, injuries, damages of both a compensatory and punitive nature and for any and all other claims and/or damages which might arise out of and/or due to the above-named minor's participation in said activities.

The parent/guardian who agrees to this authorization does hereby consent to any and all medical treatments including anesthesia and operations which may be deemed necessary by medical care providers attending to the above-named minor for injuries sustained in the activities.

I ACKNOWLEDGE THAT I HAVE FULLY READ THIS COVENANT AND AGREE AND CONSENT TO THESE TERMS AND CONDITIONS.

Parent/Legal Guardian's Signature _____

Print Name _____ Date _____