



**MANDATORY MEDICAL RELEASE & WAIVER FORM**

**Athletes without a completed medical release waiver on file will not be allowed to participate in the program.**

Player's First Name:	Last Name:	Gender:	Birth Date:
Address:	City:	State:	Zip:
Parent/Guardian First Name(s):	Last Name:	Dates Participating in Program:	
Parent's Day Phone #:	Parent's Evening Phone #:	Parent's Cell Phone #:	
Name of Emergency Contact (other than parent):		Emergency Contact Phone #:	
Health Insurance Company:		Policy Number:	

**PLEASE MAKE A COPY OF YOUR INSURANCE CARD AND ATTACH IT TO THIS FORM**

Please list all relevant medical information such as allergies, medications or pre-existing conditions:

**WAIVER:**  
 I, the parent/guardian of the individual, a minor (the "Player"), do hereby permit the Player to participate with Georgia Kings Basketball ("GKB") and certify that the Player's physical condition is sufficient for full participation. I understand that the Player's participation with GKB involves an element of risk, possible danger and/or accidents. I also understand that the Player's participation at GKB may include activities involving Players of different ages participating together. If an emergency arises during any event while the player is participating with GKB, I authorize GKB, its Coaches, Administrators, Management and/or Volunteers to provide or arrange transportation to and from a medical facility as needed. I assume all risk and agree to hold harmless GKB from all claims resulting from accidents and injuries that arise from participation in any session or from transportation provided or arranged by GKB. Knowing all of these risk, I hereby assume these risk and I hereby release and discharge GKB, Youth Basketball of America (YBOA) and Amateur Athletic Union (AAU) from any and all liability resulting from the Player's participation in any aspect of GKB. I understand that it is my responsibility to inform GKB staff of any medical conditions or other special needs the Player might have and will notify the appropriate individuals of any health issues that might in any way affect the Player's active or passive participation with GKB. I hereby give permission for GKB staff and/or trainer to administer prescriptions or over-the-counter medication as needed. I assume responsibility for any and all cost associated with treatment of the Player for any injury or health issues that arises during the Player's participation with GKB.

Parent/Guardian Signature:	
Date:	