



PLAYER LIABILITY WAIVER

I hereby consent to my child, _____, participating in the 2024 H.O.O.P.S. Youth Basketball Raptors travel basketball season. I recognize that there is an assumption of risk when participating in sports, and understand that injuries including permanent paralysis or death can happen when participating in activities such as basketball. That said, I agree to make myself and my child aware of the possibility of injury and encourage my child to follow all the safety rules and the coaches' instructions as verbally instructed. I fully understand that HYB Raptors and any persons associated with this organization are not liable in the event of a loss, damage, or injury including permanent paralysis or death. I also give my child medical clearance to participate in all HYB Raptors events such as basketball tournaments, practices, and games, and will not hold liable HYB Raptors and any persons associated with this organization for any accidents or emergencies associated with preexisting or existing health issues or illnesses of my child. By signing below, I agree to the statements made above.

PARENT SIGNATURE: _____ DATE: _____

PARENT NUMBER: _____ PARENT EMAIL: _____

PLAYER NAME: _____ GRADE: _____

DATE OF BIRTH: _____ SCHOOL: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT NUMBER.: _____

ANY KNOWN FOOD ALLERGIES: _____