



Copper State Basketball
Waiver and Release of Liability

Player Name: _____ Date: _____
Address _____ Zip Code: _____
Birthdate: _____ Grade: _____
Cell Phone: _____ Player Email: _____
Father/Guardian: _____
Cell Phone: _____ Father Email: _____
Mother/Guardian: _____
Cell Phone: _____ Mother Email: _____
Doctor: _____ Phone: _____
Insurance Co: _____ Policy Member Number: _____
Insurance Co Phone Number: _____ Policy Group Number: _____
Other Friend or Relative to call instead of Parents:
Name: _____ Relationship: _____
Phone Number: _____

Does your player have any health problems we need to know about? If yes, please list and explain. If no, please put NA.

Will your player require any medication during the tournaments or travel? If yes, please list and explain when player will need to take medication.

Consent for Emergency Care:

Be it known that in the event my child _____ needs medical attention and I, the parent, cannot be reached, I grant the Copper State Basketball staff permission to make necessary decisions accordingly. I do give and grant available medical doctors or hospitals my consent and authorization to render such aid, treatment or care, in the event the above player should be injured or stricken ill during a Copper State Basketball practice, training session, or basketball tournament. It is understood that the insurance company for the above named player, or the parent/guardian of the player, or combination of the two, will pay for expenses incurred. Payment for the expense will not fall upon Copper State Basketball or any of their staff.

Yes, I give my consent for my child to participate with Copper State Basketball in trainings, practices and tournaments.

Parent Signature _____

Date _____