



## Cape Coral Police Athletic League Coyotes

YOUTH BASKETBALL TRYOUT

WAIVER, RELEASE OF LIABILITY & MEDICAL AUTHORIZATION

**TEAM: Girls 12<sup>th</sup> Grade & Under      Boys 8<sup>th</sup> Grade & Under**

**Participant Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Birth Certificate Copy: Y/N   Photo of Participant: Y/N**

**Parent/Guardian Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### 1. ASSUMPTION OF RISK

I, the undersigned parent/legal guardian of the above-named participant (“Participant”), understand that participation in basketball tryouts and related activities involves inherent risks. These risks include, but are not limited to falls, collisions with other participants, coaches, officials, or equipment; sprains; fractures; concussions; heat-related illness; and other serious injury.

I knowingly and voluntarily assume all risks, both known and unknown, even if arising from the negligence of the Cape Coral Police Athletic League, its officers, directors, coaches, volunteers, sponsors, or affiliated organizations.

### 2. RELEASE AND WAIVER OF LIABILITY

In consideration of being allowed to participate in PAL basketball tryouts, I hereby release, waive, discharge, and hold harmless the Cape Coral Police Athletic League (PAL), its officers, employees, volunteers, coaches, agents, sponsors, and facility providers from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by the Participant during or in connection with participation in tryouts.

This release applies to claims fully arising from negligence permitted by law

### 3. MEDICAL TREATMENT AUTHORIZATION

I certify that the Participant is physically fit and able to participate in basketball activities. I authorize Cape Coral PAL representatives to obtain emergency medical treatment for the Participant if necessary. I understand that I am responsible for any medical expenses incurred.

#### Medical Conditions/Allergies (if any):

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#### Emergency Contact (if different from above):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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### 4. CODE OF CONDUCT

The Participant agrees to follow all rules, instructions, and safety guidelines established by Cape Coral PAL coaches and staff. **The Cape Coral PAL reserves the right to deny or revoke participation, registration, or access to programs, events, or facilities at the sole discretion of its administrators or Board of Directors.** I understand that unsafe behavior, misconduct, or failure to follow instructions may result in removal from tryouts without refund (if applicable).

### 5. PHOTO/MEDIA RELEASE

I grant permission for Cape Coral PAL to use photographs or video recordings of the Participant taken during tryouts for promotional or educational purposes without compensation.

YES  NO

### 6. ACKNOWLEDGMENT

I have read this Waiver and Release of Liability, fully understand its terms, and understand that I am giving up substantial rights on behalf of myself and the Participant. I sign this agreement freely and voluntarily.

**Parent/Guardian Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_