



SACRAMENTO REBELS YOUTH ORGANIZATION

P.O. BOX 221394 Sacramento, CA 95922

This form must be signed by the parent or guardian for each participant who is under the age of 18 years old and is considered a minor.

PLAYER INFORMATION

Player Name (first & last): _____ Tryout Date: _____

Player Date of Birth: _____ Boys or Girls Tryouts
(MM/DD/YYYY) (circle one)

Player Ethnicity _____ Player Height
(Please be specific as possible) (ft, in)

School: _____ Current
Grade: _____

Player Email Address: _____ Player Cell
Phone #: _____

Basketball Experience: _____

Preferred Position: _____
(i.e. guard, forward, center)

How did you learn about tryouts? _____
(i.e., website, social media, flyer, friend/family)

PARENT/GUARDIAN INFORMATION

Parent 1 Name (first & last) _____ Cell phone #: _____

Parent 1 Email: _____

Parent 2 Name (first & last) _____ Cell phone #: _____

Parent 2 Email: _____

LIABILITY RELEASE WAIVER

I recognize that there is an element of risk in any sport. I am aware that certain dangers can be minimized but never entirely eliminated. During basketball tryouts, these dangers include, but are not limited to, the following: falling down; colliding with walls, equipment, and/or other participants.

I certify that the minor named above is fully capable of participating in the activities of this basketball tryout. Therefore, I assume full responsibility for my child named above for any bodily injury, death, or loss of personal property, and/or expenses which result from participating in this tryout. I further understand that Sacramento Rebels Youth Organization may refuse any person it judges incapable of meeting the rigors and requirements of participating in these tryouts.

Although the Sacramento Rebels Youth Organization cannot assume responsibility for anyone's personal medical conditions, please list below any medical problems or conditions your child may have:

INFECTIOUS DISEASE RELEASE WAIVER

Respiratory illnesses such as Influenza, MRSA, RSV, or COVID-19 may be transmitted from person-to-person through airborne droplets, the government has set recommendations, guidelines, and some prohibitions which Sacramento Rebels Youth Organization adheres to comply with.

- In consideration of participation in the foregoing, we/I (on behalf of our/my child) acknowledge and agree to the following:
 - We/I am aware of the existence of the risk on my child's and my physical appearance to the venue and my child's participation to the activity of the Organization that may cause injury or illness such as, but not limited to Influenza, MRSA, RSV, or COVID-19 that may lead to paralysis or death.
 - We/I/My child have not experienced symptoms of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to any respiratory illnesses within the last 14 days of participation.
 - We/I/My child will not have been, nor any member(s) of my household, diagnosed to be infected with any respiratory illnesses within the last 14 days of participation.
- Following the pronouncements above we/I hereby declare the following:
 - We are/I am fully and personally responsible for our/my own and our/my child's safety and actions while and during participation and we/I recognize that we/I/my child may be at risk of contracting respiratory illnesses.
 - With full knowledge of the risks involved, we/I hereby release, waive, discharge the Organization, its board, officers, representatives, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by us/me related to respiratory illnesses while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to respiratory illnesses.
 - We/I agree to indemnify, defend, and hold harmless the Organization from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to respiratory illnesses.
- This waiver will remain effective for the entire tryout period.

SIGNATURES

By signing below, we/I acknowledge that we/I have read the Liability and Infectious Disease Release Waivers and understand its contents; that we/I are fully competent to give consent; That we/I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that we/I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

PARENT SIGNATURE

DATE

PARENT SIGNATURE

DATE