



Annual Waiver of Liability

NAME: _____ MALE: ___ FEMALE: ___

DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____ PHONE: _____

TEAM NAME: _____ AGE GROUP: _____

Parent Consent and Waiver of Liability

I certify that I have knowledge of my child's physical condition and state of health and give my consent and permission for my child, as identified above, to engage in the active sports and games organized by the Mobile Youth Independent Basketball League. I do further certify that my child has no known physical defects, disease, or disability that will in any way jeopardize his/her health or physical condition if he/she is allowed to take part in this program. In consideration of my child being permitted to participate in the Athletic program and the training and instruction my child will receive from such programs, I hereby agree to and do indemnify and hold harmless the Mobile Youth Independent Basketball League and any facilities we host practices and game for any injury, accident, or mishap that may befall my child while participating in any phase or aspect of the Mobile Youth Independent League, or while being transported to and from games. I, _____, give my permission, as the parent of _____ to participate in basketball.



Parent/Guardian Sign ture

Coach Signature