



Erie Rams, Inc. Medical and Waiver Release Form

Player Name: _____ Birthdate ____ / ____ / ____ Age: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Known Allergies: _____

Current Medications: _____

I hereby voluntarily permit my child to participate in the **Erie Rams, INC. Youth Basketball Organization**. I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE. _____ Initial Here

As consideration for being permitted by the **Erie Rams Basketball Organization** to participate in these activities, I hereby release and hold harmless the **Erie Rams Basketball Organization**, volunteers, designated coaches from all liability, and from all actions or claims that my child now or hereafter have for damage or injury to my child, or to any person or property, resulting from the negligence or other acts of any volunteers in connection with my child's participation. I further agree that this waiver, release and assumption of risks is to be binding on the heirs and assigns of the undersigned. I further agree to indemnify and to hold the **Erie Rams Basketball Organization** (its officers AND volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur because of any injury and/or property damage that my child may cause or sustain while participating in this activity. In case of a medical emergency, I hereby give permission to the **Erie Rams Basketball Organization** and its volunteers, to order treatment for my child, including any necessary medical treatment and x-rays. I also hereby give permission to the **Erie Rams Basketball Organization** and volunteers to disclose the information contained on this form to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses, which my child may incur because of such treatment.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE **ERIE RAMS BASKETBALL ORGANIZATION** AND SIGN IT OF MY OWN FREE WILL.

Parent or Guardian Name: _____

Parent or Guardian Signature: _____ DATE: _____