

(Both the applicant child and a parent or guardian must read carefully and sign.)

CHILD

I am aware that playing or practicing in any physical activity can be dangerous involving MANY RISKS OF INJURY. I understand that the dangers and risks participating in Saturday Basketball include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of playing or practicing in Saturday Basketball may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in Saturday Basketball, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and to agree to obey such instructions.

I acknowledge that the Shade-Central City School District is permitting me to engage in Saturday Basketball, not limited to, trying out, practicing or participating. I hereby assume all the risks associated with participation and agree to hold the Shade-Central City School District, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in Saturday Basketball. The terms hereof shall serve as a release and assumption of risk for my heirs, estate executor, administrator, assignees, and for all members of my family.

Date: _____, 20_____

Signature of Student

WARNING, AGREEMENT TO OBEY INSTRUCTION, RELEASE,
ASSUMPTION OF RISK, AND
AGREEMENT TO HOLD HARMLESS (PARENT OR GUARDIAN)

I, _____ am the parent/legal guardian

of _____ (CHILD). I have read the above warning and release and understand its terms. I understand that all physical activity can involve many RISKS OF INJURY, including, but not limited to, those risks outlined in CHILD section.

I acknowledge that the Shade-Central City School District is permitting my child to engage in Saturday Basketball, not limited to, trying out, practicing or participating. I hereby assume all the risks associated with participation and agree to hold the Shade-Central City School District, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in Saturday Basketball. The terms hereof shall serve as a release and assumption of risk for my heirs, estate executor, administrator, assignees, and for all members of my family.

Date: _____, 20_____

Signature of Parent/Guardian

Dear Parent:

The Board of Education requires that the children using Shade-Central City School District Athletic Facilities are required to have medical insurance coverage.

Date _____

I will be responsible for any needed medical, service arising because of my son/daughter's participation in Saturday Basketball while using the facilities of the Shade-Central City School District.

The name of my insurance company is _____

Child's Name _____

Grade in School _____

Address _____

Phone _____

Daytime Phone _____

Signature of Parent/Guardian

Saturday Basketball

For students living in the Shade-Central City School District

Begins Sat. Dec 8, 2018

Ends Sat. Feb. 9, 2019

Please indicate shirt size.

Shirt Size- _____ (Youth Sizes)