

SYRACUSE ROYALS BASKETBALL PROGRAM

Agreement to Participate/Medical Information

I understand there are several inherent risks in athletic participation in the sport of basketball and I voluntarily assume all such risks. I, intending to be legally bound, do hereby, for myself, the athlete, heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages which may have or hereafter accrue to the athlete against the Syracuse Royals Basketball Program, the Amateur Athletic Union of the U.S. (AAU), the National AAU Committee, the sponsors and officials of any basketball event in which the Syracuse Royals Basketball Program participates in, the owners of facilities in which events, scrimmages, or practice sessions are held, or any other support group of organizations, and their respective directors, officers, agents, members, coaches, sponsors, parents, volunteers, representatives, successors, and assigns for any and all damages which may be sustained and suffered by the athlete in connection with his or her entry or participation in any basketball event, camp, scrimmage, or practice session involving Syracuse Royals Basketball Program whether or not sanctioned by the AAU or any governing body or which may arise out of traveling to and from said events including lodging.

I, or we, grant to the coaches, trainers, adult volunteers, tournament directors, or other assigned chaperones to act as guardian/spokesman in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for my child while en route to or from or at the site of any basketball event, camp, scrimmage, or practice session. Should a health emergency arise such medical treatment as deemed necessary by competent medical personnel is authorized.

I hereby authorize the Syracuse Royals Basketball Program and the AAU to allow the reproduction, dissemination, and/or publication of my name and likeness for media coverage, public relation, or any other purpose, which may involve the use of photographs, films, or video tape recording without remuneration.

I agree to pay for any damage or theft caused by the athlete to property including but not limited to locker rooms, sports equipment, event facilities, or vehicles. I agree to be personally responsible for any extra expenses including travel and hotel charges, (phone calls, and movies). I authorize the assigned chaperone to send my child home early from events in the incident of serious misbehavior including any involvement with illegal drugs or alcohol and agree to pay for the cost of transportation.

Parent/Guardian

Date

MEDICAL AND INSURANCE INFORMATION (please print clearly)

Policyholder Name _____

Athlete Birthdate _____

Parent/Guardian:

Home Phone

Work Phone

Cell Phone

EXISTING MEDICAL CONDITIONS, ALLERGIES, AND CURRENT MEDICATION(S):

Physician: _____ Physician Phone: _____

Insurance Company/Program: _____ Policy Number: _____