

INSURANCE INFORMATION:

(Each participant must be covered by his/her own insurance)

Insurance Company: _____

Policy #: _____ Group #: _____ Phone #: _____

Family Physician _____ Physician Phone #: _____

Please list any known allergies (bee stings, aspirin, penicillin, etc): _____

Please list any medical conditions (asthma, ADHD, diabetes, etc): _____

Please list any medications taken regularly (inhalers, pills, injections, etc): _____

_____ *Please initial if you do NOT want your child's picture to be taken or displayed in association with KYB activities & events.*

INFORMED CONSENT FORM

I hereby authorize Kewaskum Youth Basketball volunteers to act for me according to their best judgment for any emergency requiring medical attention – and to provide emergency treatment of any injury or illness my child may experience if qualified medical personnel consider treatment necessary. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so. My child and I are aware that participating in basketball is a potentially hazardous activity. I assume all risks associated with participation in this sport, including, but not limited to falls, contact with other participants, the effects of the weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child are known and appreciated by me. I understand this informed consent form and agree to its conditions on behalf of my child.

Parent/Guardian's Signature _____ **Date Signed:** _____

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in KEWASKUM YOUTH BASKETBALL and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation; and,
3. I will comply with all rules and regulations of KEWASKUM YOUTH BASKETBALL, THE FOND DU LAC AREA YOUTH BASKETBALL LEAGUE and its member organizations (copies of rules and regulations are available upon request); and,
4. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazards during my presence or participation, or if I am injured while participating in this activity, I will remove myself from participation and bring such to the attention of the nearest team official immediately; and,
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless KEWASKUM YOUTH BASKETBALL, THE FOND DU LAC AREA YOUTH BASKETBALL LEAGUE, its members, their officers, its coaches, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise.

I have read this Release of Liability and Assumption of Risk Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntary without any inducement.

Participant's Signature: _____ **Date Signed:** _____

FOR PARENTS/GUARDIANS

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of Kewaskum Youth Basketball, its volunteers and all Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify Kewaskum Youth Basketball, its volunteers and all Releasees from any and all liabilities incident to my minor child's involvement or participation in Kewaskum Youth Basketball programs and activities as provided above, even if arising from the negligence of Kewaskum Youth Basketball, its volunteers and the Releasees.

Parent/Guardian's Signature _____ **Date Signed:** _____