Bethlehem Christian Youth Basketball League

2018– 2019 season

Name:_____ Player Cell Phone#:_____

Address:_____ City:_____ Zip Code:_____

Mom's Name:_____ Mom's Phone #_____

Dad's Name:_____ Dad's Phone #_____

Player's Email Address:_____ Parent's E-mail Address:_____

Date Of Birth:____/____/____ Age :_____ Shirt Size_____ Jersey#_____

In case of EMERGENCY, please notify (Other than parents)

Name:_____ Phone #_____ Relationship_____

Name:_____ Phone #_____ Relationship_____

I give permission for my child to participate in the BETHLEHEM CHRISTIAN YOUTH BASKETBALL LEAGUE. In consideration of my child's participation in the BETHLEHEM CHRISTIAN YOUTH BASKETBALL LEAGUE (BCYBL) and intending to be legally bound hereby, I do, for myself/my child, my heirs, executors and administrators/my child's heirs, executors and administrators waive, release and forever discharge any and all rights to claims which I/my child may have or which may hereafter accrue to me/my child, against the (BCYBL), it's officers, staff, instructors, agents, representatives, successors and assigns, for any and all injuries suffered as a result of my child's participation in said BCYBL.

_____ _____ _____

Parental signature Date Player Signature (if 18yrs. old) Date

Bethlehem Christian Youth Basketball League Medical Authorization

1. I hereby give my permission for the following actions:
   A.) To any officer. Staff, instructor, agent or representative of the BCYBL, to contact and arrange emergency transportation of my myself/my child by an approved Emergency Transportation System, to a hospital or medical care facility of my own choosing, as indicated below, for emergency treatment for any injury sustained while participating in the BCYBL:
   B.) To any physician, paramedic, or other emergency personnel who may be called upon to perform emergency services, to treat myself//my child on an emergency basis, for any injuries sustained while myself/my child is a participant, spectator, official or otherwise involved in the BCYBL.
2. I understand that my permission for treatment is given in the event that the BCYBL, or its authorized representative, is unable to contact me prior to arranging for emergency treatment. Further, I understand that any information which I furnish in this form shall be kept confidential.
3. The permission and release herein given shall be valid from the date of signing until the following 30th day of April.

_____ _____

Date Parent/Guardian Signature (player can sign if 18yrs. old or older)

The following information is requested only, and shall, if provided, be kept in strict confidence, to be used ONLY in the event of an emergency situation when the BCYBL is unable to contact you.

1. Hospital /medical facility preference:_____

2. My medical insurance carrier/policy number is:_____

   _____

3. Special conditions/allergies of which a physician/EMT should be aware:_____

   _____

   For BCYBL only
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   Proof of age _____

   Money paid_____