

# Central Texas STARZZ

## Tryouts Waiver Form 2018

Players Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone \_\_\_\_\_

Players Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

The following are special circumstances/medical situations regarding my child:

**MEDICAL RELEASE:** I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, authorize that my child be given emergency treatment to include first aid and CPR by a qualified staff member. In addition, I authorize and consent to medical, surgical, and hospital care treatment and procedures to be performed for my child by his/her regular physician (or when that physician cannot be reached, by a licensed physician or hospital) when deemed immediately necessary or advisable by the physician, to safeguard my child's health, when I cannot be reached. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I waive my right to consent to such treatment and /or transportation and agree to pay the cost of such emergency care and/or transportation. I release and agree to hold the Central Texas STARZZ, City of Copperas Cove, the Copperas Cove ISD, or their agents, employees, officers, coaches, leaders, organizers, and sponsors harmless for any liability resulting from such emergency treatment and/or transportation.

**PARENTAL AUTHORIZATION:** I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, give permission for my child to participate in basketball tryouts sponsored by the Central Texas STARZZ. In consideration of the opportunity for my child to participate, and fully recognizing that such an undertaking involves an element of risk, I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the Central Texas STARZZ, City of Copperas Cove, the Copperas Cove ISD, or their agents, employees, officers, coaches, leaders, organizers, and sponsors harmless or responsible for any injury, illness or death incurred as a direct or indirect result of activity during these tryouts. I, the undersigned, have read this release and understand all of its terms and execute it voluntarily and with full knowledge of its significance.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_