

Columbus Lady Rage Basketball Organization

Disclaimer:

If you are 17 or under, a parent or legal guardian's signature is required to participate in club basketball. Your signature as a parent/legal guardian gives your permission for a qualified physician, athletic trainer, and/or hospital emergency room to administer necessary health care in case of an accident and/or emergency. Also, my child is physically fit according to our family physician. Additionally, I hereby waive and release the Columbus Lady Rage and their coaching staff from any and all liability for any injuries or illness incurred while participating voluntarily in this club basketball season. This waiver of liability extends to all coaches, volunteers, or anyone else who may assist in this season.

Due to the traveling nature of club basketball, car-pooling and sharing of rides is often necessary. By signing below, I grant my permission as a parent/legal guardian for my child to ride with other parents and/or coaches of the Columbus Lady Rage. If I do not wish for my daughter to ride with any specific parent or coach, for any specific tournament/shoot-out/practice, I will express this to the coaching staff via a written note and then will provide my own method of transportation. My failure to do this will give the coaching staff the assumption that my child may be paired with anyone else for means of transporting her to/from the specific event.

This waiver is good for one year from the date that it's signed.

Athlete's Name (printed): _____

Parent/Guardian Name (printed/signed): _____

Today's Date: _____

Home Address (street information): _____

Home Address (city, state, zip): _____

Any medical conditions, or previous injuries (and their current status), that we should be aware of? _____

Email Address: _____

THIS DISCLAIMER FORM IS GOOD FOR ONE YEAR FROM THE DATE SIGNED.