



Waiver and Release of Liability
SFVJACC Athletics

Name of Player: _____

Boy: _____ Girl: _____ Birthdate: _____ Telephone: _____

Parents' or Guardians' Name(s): _____

Address _____

City and Zip Code: _____ E-mail: _____

I am aware that basketball is a strenuous sport and that participation in basketball games, training, and conditioning can result in physical injuries, such as sprains, broken bones, head injuries, etc. I am fully familiar with my child's medical and physical condition. My child has no illness or other medical condition which prevents him or her from fully participating in a vigorous sport such as basketball or which would be aggravated or exacerbated by or otherwise result in a worsening of my child's medical or physical condition due to his or her participation in basketball games, training, or conditioning. I understand that San Fernando Valley Japanese Community Center Athletics (SFVJACC Athletics) and the coaches, assistant coaches, parents, and other team members acting in such capacities or in the capacity of activity supervisors will rely on the foregoing representations. For and in consideration of my child being permitted to participate in SFVJACC Athletics, Japanese Optimist Organization (JAO), Crescent Bay Optimist (CBO) and its affiliated organizations, and in their basketball games, training, and conditioning, I, the undersigned parent of guardian, hereby voluntarily waive, release, and discharge and relinquish for myself and my family, including my child, our heirs, successors and assignees, any and all liability, claims, suits, actions or causes of actions against the SFVJACC, SFVJACC Athletics their respective officers, agents, and employees, and the coaches, assistant coaches, parents, and other team members, for personal injury, death, or property damage occurring to my child arising from my child's participation therein and in any activity incidental thereto wherever or however the same may occur, and whether the same may arise from the negligent acts or omissions of any of said persons, or otherwise.

If it becomes necessary for my child to have medical, surgical, or dental care while participating in any of the aforementioned activities, I hereby authorize the coaches, assistant coaches, parents, or team members, acting in such capacities or as activity supervisors, as my agents to consent to medical, surgical, or dental examination and treatment. In case of such emergency, I hereby authorize treatment and care by any physician at any hospital. In case of an emergency for which I cannot be reached, please contact:

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ TELEPHONE: _____

I understand that any cost incurred for emergency medical, surgical, or dental treatment shall be my sole responsibility.

MEDICAL INFORMATION:

MEDICAL INSURANCE CARRIER: _____

Does your child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition?

YES _____ NO _____ If yes, please describe the condition below:

I have read all of the foregoing and am fully aware of the legal consequences of signing this instrument.

Print name of Parent or Guardian

Signature

Date