



LOUDOUN FREEDOM

Liability Waiver and Consent for Medical Treatment

(Return to Coach/Team Manager)

Player Name: _____ Birthdate: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Parents Names: _____

(Mother)

(Father)

Cell Phone: _____

(Mother)

(Father)

Health Provider: _____ Phone: _____

Insurance ID #: _____ Group #: _____

Health Conditions/Allergies/Medications (list known treatments or methods of handling health issues):

Liability Waiver:

Basketball represents certain inherent risks and hazards, which the player and parent/guardian are urged to consider and which the player assumes. To the best of my knowledge, there are no physical or other health-related issues which will interfere with my child’s participation unless noted above. I, the undersigned parent/guardian for the above-named player, understand and acknowledge that such recreational activities have inherent risks, dangers and hazards, both foreseeable and unforeseeable, which may result in injury, illness, or property damage. On behalf of myself, my family, agents and contractors, I hereby release and agree to hold harmless Loudoun Freedom, its sponsors and its coaches, managers, officers, and directors, from all claims, actions or losses related thereto. Loudoun Freedom assumes no liability for injury or damage arising from the results of participation of the above player unless due to willful fault or gross negligence on the part of the Loudoun Freedom. I also agree that my child will be a registered AAU member with Added Benefit Insurance Coverage.

Medical Treatment Release:

Due to the strenuous nature of basketball, the player is urged to consult her physician concerning her fitness to participate. I, the undersigned parent/guardian for the above named Player hereby approve of my child’s participation in the Loudoun Freedom program and consent to emergency medical treatment for my child on my behalf, in case of emergency, where I am not present and with the understanding that I will be notified as soon as possible. My health insurance information has been provided above.

Parent Signature: _____ Date: _____

Coach or Team Manager will have a copy of this form at all Freedom events (practices, games, etc.)