



WAYNE BASKETBALL DEVELOPMENT ASSOCIATION (WBDA)
SIGN-UP FORM AND AUTHORIZATION / RELEASE OF LIABILITY



**PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR
AGREEMENT. NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY.**

I, the parent or guardians of the below-named child, authorize the participation of my child in the Wayne Basketball Development Association youth basketball program hereinafter ("the Program"). I understand that this Program is a nonprofit community sports Program for youth and that my child's participation is voluntary and not essential to completion of requirements of any program, school or government agency. I understand that the Program is conducted by the Association and its volunteers and staff, including parents of other participating children. I also understand that the Association is solely responsible for all aspects of the Program including selection and supervision of all persons conducting the Program. I further understand and agree that my child's participation in athletic and other activities of the Program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of coaches and referees. On behalf of my child, me, and my family, I assume these risks.

In consideration of the privilege of my child's participation in the Program, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, the Association, and all of the Association's directors, officers, employees, volunteers, insurers, agents and representatives, and all other persons associated with the Program (including without limitation any other sponsors, parents, vendors, coaches and other game and event workers, officials, drivers, and organizations) as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the Program, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in Program activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns. I give permission for free use of my child's name and picture in team photos, broadcasts, telecasts or written accounts for any participation in a Wayne Youth Basketball Development Association sponsored event.

MEDICAL CONDITIONS

I understand that participation in the Program may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the Program activities. I understand that the Wayne Basketball Development Association (WBDA) or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If the WBDA determines that my child does have a physical or mental condition that may affect his/her ability to safely and appropriately participate in Program activities, the WBDA may determine that my child cannot be permitted to participate. I understand and agree that, while the WBDA desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill in Program activities, and if I, the parent or guardian of the above-named child, am not present to make medical decisions, I hereby authorize the WBDA, its staff, volunteers including volunteer parent participants, coaches, assistant coaches, and referees, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any).

My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of

Liability, Medical Conditions, and Consent to Medical Treatment. Each responsible parent/guardian should sign.

PHOTO RELEASE

I am aware that photographs or video may be taken of Wayne Basketball Development Association (WBDA) participants during events and activities by WBDA staff, professional photographers, news media or volunteers. I also understand that no one is required to have his/her picture taken.

I waive the right to see or approve any publications that contain photographs of me and/or my child(ren).

I release WBDA and its representatives from responsibility for any harm or invasion of privacy that may occur or be produced by taking photographs or video of me and/or my child(ren).

I certify that I have read the above authorization, release, and agreement, and fully understand what this document says.

I give WBDA and its representatives permission to use photographs or video that include me and/or my child(ren) in any and all media products for promotion, art, advertising, editorial or other purpose. This may include but is not limited to newsletters both print and email, posters, brochures, ads, post cards and web pages.

_____ Yes, I agree to above stated photo release for me and/or my child(ren).

_____ No, I do not agree to above stated photo release.

Player Name (Please Print): _____

Player Grade Level (Circle One): 4th 5th 6th 7th 8th Circle: BOY / GIRL

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Player Home Phone Number: _____

Email Address: _____

Emergency Contact (Please Print): _____

Emergency Contact Phone Number: _____ Player

Fee (Circle One): **\$100** **\$25 plan** (Oct, Nov, Dec, Jan)

Shooting Shirt Size: _____

****A Volunteer Deposit will be held until one Parent/Guardian works a minimum of one shift at the WBDA Annual Basketball Tournament. Once the shift is worked, the check will be destroyed. If the WBDA Annual Tournament is canceled, the deposit will be destroyed. If one shift is not worked, the deposit will be kept by the WBDA.**

Parents/Guardians of multiple players are only required to give one deposit per family.

Volunteer Deposit Received (\$100): _____