WOODRUFF RISE BASKETBALL

TRYOUT LIABILITY & PARENT/GUARDIAN CONSENT FORM

Athlete Information

Athlete's Full Name: _____ Grade: _____

Parent / Guardian Information

Parent/Guardian Name: _____

Relationship to Athlete: _____

Parent/Guardian Phone Number: _____

ASSUMPTION OF RISK & LIABILITY WAIVER

I understand that participation in basketball tryouts involves physical activity and carries inherent risks, including but not limited to falls, collisions, muscle strains, sprains, and other injuries.

By signing this form, I acknowledge and accept these risks on behalf of my child. I confirm that my child is physically able to participate in basketball activities and will notify program organizers of any medical conditions or limitations that could affect participation.

To the extent permitted by law, I release and hold harmless Woodruff Rise Basketball, its coaches, volunteers, and organizers from claims arising from ordinary risks associated with participation in tryouts, except where liability cannot legally be waived.

EMERGENCY MEDICAL AUTHORIZATION

In the event of an injury or medical emergency, I authorize Woodruff Rise Basketball coaches and organizers to seek appropriate emergency medical assistance for my child if I cannot be reached.

I understand that any costs associated with emergency medical treatment are my responsibility.

Parent/Guardian Signature: _____

Date: _____

Athlete Name: _____