



INSURANCE RELEASE

I/We hereby state that our daughter/son _____ is covered by _____ insurance policy. I/We also hereby release CLBBY, all coaches, and participating churches for any responsibility in the case of an accident that might occur to my/our daughter/son while participating in any League activities.

Signature: _____ Date: _____

I/We understand that in the event of an accident that would require emergency treatment; that every effort will be made to reach me/us. If I/we cannot be reached, I/we give permission to the responsible coaches and or CLBBY personnel to secure medical attention for my/our daughter/son.

Signature: _____ Date: _____

PLEASE FILL OUT THE BOTTOM PORTION IF IT APPLIES TO YOU:

My/Our daughter/son _____ has a medical condition that requires the use of a medical assist device. This device has been prescribed by _____ MD. It is my/our request that my/our daughter/son be allowed to participate in the activities of CLBBY. I/We understand that there is an added risk of injury to my/our daughter/son and other participating players and officials because of the presence of this device. I/We release CLBBY, the Directors of CLBBY, all coaches, officials, participating players, and churches from any responsibility in the case of an accident that might occur to my/our daughter/son while participating in League activities. I/We will assume responsibility for any injury that might occur to other players and officials because of the presence of this device.

Signature: _____ Date: _____

I _____ MD, having prescribed the above mentioned medical assist device for _____, know of no reason why this person would be physically hindered from participating in the sport of basketball because of her/his medical condition and the presence of this device.

Signature: _____ MD: Date: _____