



**LIABILITY WAIVER AND AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

PLAYER NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

GRADE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ PARENT EMAILS: \_\_\_\_\_

PARENT NAMES: \_\_\_\_\_ PARENT CELL #S: \_\_\_\_\_

EMERGENCY CONTACT/PHONE #: \_\_\_\_\_

As parent/legal guardian I certify that my child/ward is in good health and is able to participate in Mercer Island Girls Basketball ("MIGB") programs and activities (the "Programs"). In consideration for MIGB accepting the player named above ("player") for the Programs, I hereby for myself, my child/ward, and our heirs, executors, administrators and personal representatives, release, discharge, waive, hold harmless and/or otherwise indemnify MIGB, its Board Members, agents, employees, coaches, managers, contractors, and other volunteers, affiliated organizations, sponsors, and their employees and associated personnel, and the Mercer Island School District, from any and all liability and/or claims by or on behalf of the player as a result of the player's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

I recognize the possibility of physical injury associated with basketball and/or the possibility of sudden illness at an event. My child/ward is physically capable of participating in the Programs, and hereby assumes all risk of injury or loss to which he/she may be exposed. I hereby give my consent to have an athletic trainer, emergency personnel, and/or doctor of medicine or dentistry provide my child/ward with medical assistance and/or treatment and agree to be responsible financially for the cost of such assistance and/or treatment.

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**SIGNATURE(S) OF PARENT/GUARDIAN**

**DATE**

HEALTH INSURANCE PROVIDER: \_\_\_\_\_ PHONE: \_\_\_\_\_

INSURANCE ID #: \_\_\_\_\_ GROUP #: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

HEALTH CONDITIONS/MEDICATIONS/KNOWN ALLERGIES: \_\_\_\_\_

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