

# Loudoun County Patriots Basketball

## Liability Waiver and Consent for Medical Treatment

2024 - 25 Season

Player Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_  
(Father) (Mother)

Cell/Emergency Phone: \_\_\_\_\_  
(Father) (Mother)

Health Insurance Provider: \_\_\_\_\_ Phone#: \_\_\_\_\_

Insurance ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Health Conditions/Medications/Allergies: \_\_\_\_\_

Liability Waiver: Basketball presents certain inherent risks and hazards, which the Player-participant and parent/guardian are urged to consider and which the Player assumes. Other risks and hazards include, but are not limited to, possible exposure to and illness from infectious diseases including COVID-19. Player assumes all risks related to these other risks.

To the best of my knowledge, there are no physical or other health-related conditions, 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, foreseeable and unforeseeable, that may result in injury, illness, or property damage, and on behalf of myself, my family, agents and contractors, I hereby release and agree to hold harmless Loudoun County Patriots, Inc. (the "Patriots"), its sponsors and its volunteer coaches, managers, club officers and directors, from all claims, actions, or losses related thereto. The Patriots assume no liability for injury, illness, or damage arising from the results of participation of the above Player.

Medical Treatment Release: Due to the strenuous nature of basketball, the Player participant 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 Patriots program and consent to emergency medical treatment for my child on my behalf. I also authorize any coach of the Patriots to obtain any necessary medical treatment for my child on my behalf, in case of an 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: \_\_\_\_\_