

**FOOTHILL COLLEGE BASKETBALL LEAGUE
(COMMUNITY EDUCATION CLASS)**

Name: _____ Phone: _____ Male / Female
Address: _____ City, State _____ Zip _____
Team Name: _____ Coach: _____ League: Varsity JV JH
Current School: _____ Grad Yr: _____ E-Mail _____

WAIVER

I, _____, wish my son/daughter, (print child's name)
_____, (child's date of birth) _____

to participate in the Basketball League, located at Foothill College and offered by Foothill College. As his/her parent, and on my child's behalf, I make the following statements voluntarily, and with full intent that they be relied upon:

I understand and acknowledge that basketball is a POTENTIALLY RISKY ACTIVITY in which my child might be INJURED. I understand that it carries this risk whether or not conducted reasonably, or with negligence, by the College or other participants. Foothill College is willing to allow this activity to occur on College property but can not guarantee my child's safety if he/she participates.

I therefore RELEASE the College; its' officers and employees, from LIABILITY OF ANY KIND ARISING OUT OF ANY INJURY TO MY CHILD, HOWEVER SERIOUS, WHICH OCCURS BECAUSE OF OR IN CONNECTION WITH THE ACTIVITY. I further agree that this RELEASE SHALL APPLY EVEN IF MY CHILD'S INJURY IS CAUSED BY NEGLIGENCE OF THE COLLEGE/HIGH SCHOOL OR ITS OFFICERS AND EMPLOYEES. On behalf on my child, myself, my guardians, heirs and estates, I COVENANT NOT TO SUE the College or its' employees in the event he/she is injured.

Date: _____

Signature of Participant's Parent/Guardian

MEDICAL TREATMENT RELEASE

If my child is injured while participating in the Foothill Basketball League, I hereby consent to he/she receiving emergency medical treatment at the scene, and if necessary ambulance transportation to an appropriate hospital or other medical care center.

Date: _____

Signature of Participant's Parent/Guardian

Day time phone number/contact: (_____) _____

Emergency phone number/contact: (_____) _____