



Organization: Boca Ballers Basketball Club, Inc. (d/b/a Boca Raton Basketball Club)

Participant's Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Medical Representation, Consent and Authorization

I hereby represent to the Organization that my child/children has received a physical examination (in the last twelve months) by a licensed medical doctor and has been found physically capable of participating in the sport of basketball.

As the parent or legal guardian of the above-named participant, I hereby give my full consent for my child to participate in the recreational sports league run by the Organization. I understand that participation in athletic activities involves inherent risks, including but not limited to physical injury, illness, or property damage.

In the event of an injury or illness, I authorize the staff or coaches to seek emergency medical care for my child and to act in the best interest of their health and safety. I understand that I am financially responsible for any medical treatment.

Waiver and Release of Liability

In consideration for my child being allowed to participate, I hereby waive, release, and hold harmless the Organization, its employees, volunteers, coaches, officers, sponsors, and affiliates from any and all claims for injuries, damages, or losses that may arise in connection with participation in this program, including transportation to and from activities, whether arising from the negligence of the release parties or otherwise, to the fullest extent permitted by law.

Photo Release

I grant permission for my child's image to be used in promotional materials and social media related to the program.

I HAVE READ THIS MEDICAL REPRESENTATION, CONSENT AND AUTHORIZATION AND WAIVER AND RELEASE OF LIABILITY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

As a parent or guardian, I have read and understand this consent form and I give permission for my child to participate.

Parent/Guardian Signature: _____

Date: _____