

**Tristate Steam  
Health & Emergency Contact Form  
Boys' Basketball 2013 SEASON**

**Contact Information:**

Athletes Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Athlete's Cell \_\_\_\_\_

**Health/Insurance Information:**

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

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

Are there any known physical or health related conditions that may interfere with your child's participation? Please Circle: Yes/No

Medications/Allergies: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Hospital of Choice/Phone: \_\_\_\_\_ Physician/Phone Number: \_\_\_\_\_

Is there any other information that may be useful in the event you require medical attention? \_\_\_\_\_

**Emergency Contact Information:**

**Emergency Contact #1**

Name: \_\_\_\_\_

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

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

Relationship to Player: \_\_\_\_\_

**Emergency Contact #2**

Name: \_\_\_\_\_

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

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

Relationship to Player: \_\_\_\_\_

**Tristate Steam  
Player Waiver, Liability, & Consent Form  
Boys' Basketball 2013 SEASON**

**Liability Waiver:** I understand that the very nature of the game of basketball is hazardous and risky, including but not limited to, the acts of running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players. Parent/guardians are urged to consider these risks and which the athlete/ player assume. These risks also include but are not limited to those hazards associated with weather conditions, travel, playing conditions, equipment and other participants. To the best of our knowledge, there are no physical or other health-related conditions, which will interfere with my child's participation unless noted above. The undersigned parent/guardian and athlete/player understand and acknowledge that such recreational activities have inherent risks, dangers and hazards, foreseeable and unforeseeable, which may result in property damage, injury, illness and even death. On behalf of myself, my family, agents and contractors, I hereby release and agree to hold harmless Tristate Steam, its sponsors, coaches, volunteers, managers, club officers and directors, from all claims, actions, or losses. Tristate Steam assumes no liability for injury, damage, or death arising from the results of participation of the above player unless due to willful fault or gross negligence on the part of Tristate Steam. I also agree that my child will be a registered team member with Insurance coverage.

**Medical Treatment Release:** Due to the strenuous nature of basketball, the player/participant is urged to consult their physician concerning their fitness to participate. I, the undersigned parent/guardian and player/athlete named above hereby approve my child's participation in the Tristate Steam Basketball program and consent to emergency medical treatment for my child on my behalf. I also authorize any Tristate Steam registered adult 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.

Further, I agree that in consideration for the right to allow my child as a member of the team designated below and in consideration for permission to play at the sites arranged for by the team or league:

1. I do voluntarily elect to accept and solely assume all risks of injury incurred or suffered (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member or observer during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the courts arranged for by my team or league for practice or play.
2. In addition to giving my full consent for participation, I do hereby waive, release, discharge and agree not to sue the team, the owner or operator of any sites, officials, employees, and volunteers or any person or entity connected with the team, league for any claim, damages, costs including attorney's fees, or cause of action which I may have in the future as a result of damages, injuries, including death sustained or incurred by my participation from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

I hereby certify that I am fully capable of participating in the designated sport and that I am healthy and have no physical or mental disabilities or infirmities that would restrict full participation in these activities. Boys Basketball AAU Program - Tristate Steam

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVOISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND CONSENT FORM AND AGREE TO ABIDE BY THEM.

Player Name (Print) \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

Player Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_