

Peaceful & Recreational Basketball Leagues

Youth Player RELEASE FORM

All players must turn this in to lead official at your first game or fax to (503) 213-5926 prior to the first game

PORTLAND BASKETBALL MEDICAL AUTHORIZATION

As the parent/legal guardian, I give full authorization to Portland Basketball staff or designated adult leaders to secure medical care or treatment for the youth named below. This treatment may include assistance from the nearest physician, dentist, medical clinic, hospital, trained nurse or EMT in the event of illness or injury that requires immediate attention, as determined by the program staff or their designee. In the event that I cannot be contacted, and an emergency has occurred, I give permission to the treating medical institution and/or medical providers to hospitalize and administer the appropriate treatment deemed medically necessary.

I further agree that no Portland Basketball employees, agents, or volunteers will be held responsible for injuries or damages arising from the provision of any such emergency medical treatment. I understand that as a parent/legal guardian, I will be responsible for the cost of any service or treatment provided. Portland Basketball will not cover costs incurred.

The undersigned understand and agree that Portland Basketball shall not be legally or financially liable for any claim arising from any medical care provided pursuant to this authorization. The undersigned hereby agree to indemnify to save and hold harmless Portland Basketball from any claim made by or on behalf of said minor arising out of any medical care provided pursuant to this authorization.

This authorization shall remain effective until he/she completes their activities in this program unless sooner revoked in writing. I have read this document, I understand its contents, and I agree to its terms.

Date: _____

Youth Name: _____
(Please Print)

Parent/Guardian Signature: _____

Parent/Guardian Name: _____
(Please Print)

Phone (Day) _____

Phone (Evening) _____

Email Address _____