

# Inter-County Basketball Association (ICBA)

12 Appaloosa Trail, Holland, PA 18966

Phone (267) 997-4501

[www.icbabasketball.com](http://www.icbabasketball.com)

## Medical Release

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

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

### EMERGENCY INFORMATION (Please include Area Code)

Parent's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Parent's Home Phone: ( ) \_\_\_\_\_ Parent's Home Phone: ( ) \_\_\_\_\_

Parent's Work Phone: ( ) \_\_\_\_\_ Parent's Work Phone: ( ) \_\_\_\_\_

Parent's Cell Phone: ( ) \_\_\_\_\_ Parent's Cell Phone: ( ) \_\_\_\_\_

Parent's E-mail: \_\_\_\_\_ Parent's E-mail: \_\_\_\_\_

In an emergency, when parents cannot be reached, please contact:

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

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Player's Physician: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ 2nd Phone: ( ) \_\_\_\_\_

Medical and/or Hospital Insurance Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

### Parent's Approval and Medical Release

Recognizing the possibility of physical injury associated with playing basketball, and in consideration for the Inter-County Basketball Association ("ICBA") and its officers, directors, members, partners, shareholders, agents, representatives, heirs, and assigns accepting the registrant to participate in any and all ICBA's sponsored basketball programs, activities, and tournaments, I hereby knowingly and voluntarily agrees to fully, completely, and forever release ICBA and its officers, directors, members, partners, shareholders, agents, representatives, heirs, and assigns, including, but not limited to, its sponsors, affiliated organizations, basketball facility owners and operators, from any all claims, rights, disputes, differences, and causes of actions of any and every kind and description, in equity or law, including, but not limited to, court costs and attorney fees, and any and all medical expenses that the registrant or I may have or could have alleged arising from the use of the Facility or from the participation of the registrant in the programs and activities sponsored by ICBA. I acknowledge and agree that I have carefully read this Agreement, including all terms, conditions, and provisions regarding releases of liability, and acknowledges that I had the opportunity to have the Agreement reviewed by an attorney before signing this Agreement, and that the terms and conditions are acceptable and satisfactory to me. For the purposes of this Agreement, "Facility" means the entire property owned and operated by the Facility owners and operators. My son/daughter has received a physical examination by a licensed physician and has been found to be physically fit to participate in the programs and activities sponsored by ICBA. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my daughter/son with medical assistance and/or treatment in the event of injury to my son/daughter while participating in any program or activity sponsored by ICBA. I further agree to be responsible for any and all costs associated with any such medical assistance and/or treatment to my daughter/son.

Print: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_