Granite State Rockettes

REGISTRATION, MEDICAL, AND LIABILITY RELEASE

Players Name:

_____ _____ _____

Last Name **First Name** **MI.**

Date of Birth: _____ **Age: _____** **Email Address: _____**

MEDICAL AND LIABILITY RELEASE.

I understand that my child's participation in the Granite State Rockettes Girls Basketball organization, involves risks and danger of serious and permanent boldly injury and death. I, as parent or guardian, hereby release, hold harmless, discharge and agree not to sue, The Granite State Rockettes, its directors, officers, managers, coaches and instructors from all liability from participation in these and any other Granite Stare Rockettes related travel, lodging, social and recreational activities.

I also give permission to the Granite State Rockettes organization, to provide emergency medical transportation and authorize emergency, medical treatment for:

_____ _____ _____

Child's Last Name **First Name,** **MI.**

My child's physician is:

_____

Print Physician Name

_____

Address

_____ (_____)_____

City State ZIP Code Area Code Phone Number

Insurance Carrier: _____

Policy Number: _____

Parent/Guardian

Are you aware of any medical condition that may interfere with or impair the Player's ability to participate in a competitive basketball game or tournament? YES _____ NO _____

If "YES", please explain.

_____

_____

_____

To my knowledge, unless stated above, the Player currently has no medical restriction or condition, which interferes with or impairs the player's ability to participate in a competitive basketball game or tournament.

_____ _____ _____

Print Name (Parent/Guardian) Signature (Parent/Guardian) Date

_____

Address

_____ (_____)_____

City State ZIP Code Area Code Phone Number