

**HoopTime**  
**Player Participation and Release of Liability**  
**Consent for Medical Treatment**

As a participant of the HoopTime Basketball Organization, I understand that participation, including travel, is a privilege extended only to those of us willing to commit and adhere to the following requirements:

1. Complying with the HoopTime's player and parent code of conducts.
2. Accepting the responsibility for providing all required information to the coach prior to participation and/or travel.
3. Meeting deadlines for compliance with requirements related to activity participation and travel, including, but not limited to, paying participation and travel fees.

I have read the above and understand its implications for participation and travel in the HoopTime Basketball Organization. I agree to abide by all application rules, guidelines and policies or accept the appropriate consequences.

Participant Name (printed) \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT FOR PARTICIPATION AND RELEASE OF LIABILITY**

I hereby give my consent for the participant named above to engage in HoopTime Basketball. I also give my consent for the above named participant to accompany the group as a member on its out-of-town trips.

I understand that the HoopTime Basketball Organization does not provide medical insurance for participants. I further understand that the provisions of insurance coverage for my child are my responsibility.

I hereby waive on behalf of myself and the above named participant any liability responsibilities of the HoopTime Basketball Organization, either organizationally or for any of its officers or coaches, for injuries or damages sustained in the program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

I am the parent/guardian of \_\_\_\_\_. In consideration of my child’s opportunity to participate in the HoopTime Basketball Organization activities, I hereby give my consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of my child, by a qualified medical professional and/or hospital in the event of injury or illness during all periods of time in which my child is participating in HoopTime Basketball activities and I am unavailable to consult regarding the proposed treatment. I further hereby waive on behalf of myself and my child any liability of the HoopTime Basketball Organization and of its officers or coaches, arising out of such medical treatment.

Known allergies or medical conditions of student:

\_\_\_\_\_  
\_\_\_\_\_

Coverage for medical treatment is provided as follows: \_\_\_ Native Services \_\_\_ Military \_\_\_ Private Insurance Carrier \_\_\_ None. I will assume financial responsibility for medical treatment.

Insurance Company Name \_\_\_\_\_

Identification Number \_\_\_\_\_

Group Policy Number \_\_\_\_\_

Subscriber Name \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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

Home Address \_\_\_\_\_

Father’s Phone – Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Mother’s Phone – Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_