



2020-2021 FUTURE PIONEERS BOYS BASKETBALL PLAYER CONTRACT and LIABILITY WAIVER

PLAYER NAME: _____

PARENT(S) NAME: _____

PARENTAL SIGNATURE STATEMENT I/We give approval for this candidate to participate in any and all Future Pioneers Boys Basketball activities. I/We attest that the information given in this application is correct to the best of my/our knowledge and agree to provide a certified birth certificate for the above applicant if required by the Board of Directors.

I/We have read and will abide by and support the requirements and responsibilities as outlined in the above participation contract and acknowledge that my/our failure to do so may result in disciplinary action being taken.

I/We know that participation in basketball can result in injury and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Future Pioneers Boys Basketball organization and all related entities or persons, including persons transporting my/our child to and from activities, for any claim arising out of any injury to my/our child, except to the extent and in the amount covered by our own accident or liability insurance and/or that of the Future Pioneers Boys Basketball organization, if any, and/or that provided under protection of law.

Medical Conditions: Please list any medical conditions of the above player. (Asthma, diabetes, epilepsy, allergies, etc.)

Emergency Contact _____ Phone _____

I/We authorize any adult in charge to seek medical treatment for the above applicant, as deemed necessary, in the absence of a parent/guardian, without liability.

Parent Signature _____

Date _____

Athlete Signature _____

Date _____

This document is approved by the Future Pioneers Boys Basketball Board of Directors for the 2019-20 season.