

Cedarburg Basketball Club, Inc  
P.O. Box 605 Cedarburg, WI 53012

## Universal Permission/Medical Treatment and Release of Claims Statement

Team Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Coach's Info \_\_\_\_\_

### Universal Permission and Medical Release Statement

In consideration of my child or ward participating in the Cedarburg Basketball Club, Inc. ("CBC") basketball program and with full knowledge of the risks of injury, such as sprains, fractures, paralysis or even death, I, for myself, my spouse, my child or ward and my and their heirs, administrators, successors, and assigns, hereby authorize the CBC coaches, assistant coaches, officers, directors, and volunteers, and tournament sponsors, directors, officials and volunteers, to administer emergency medical treatments to my child or ward for any injury or other medical emergency while at practice, at a game, at a tournament or while traveling to or from any of these events. This permission and consents extends the right to those enumerated above to arrange for medical treatment by a licensed or certified physician, and/or other medical personnel, and for them to apply such emergency techniques which, in their judgment, they deem appropriate to treat an injury or illness sustained by my child or ward.

### Release of Claims

On behalf of myself, my spouse, my child or ward, and my and their heirs, administrators, successors, and assigns, I hereby waive, release, and discharge Cedarburg Basketball Club, Inc. ("CBC") and its insurers, predecessors, successors, assigns, officers, directors, employees, attorneys, agents, lessors, coaches, volunteers, members, participants and any of their facilities utilized for basketball from any and all claims, obligations, and liabilities that may presently exist or that may exist in the future arising from any injuries to the person or property of my child or ward that resulted from or related to, or that in the future may result from or relate to his/her participation in any CBC activity, including but not limited to, his participation in CBC sponsored games, clinics, and practices, his/her travel in connection with such activities, and the administration of emergency medical care as authorized in this document. I further verify that my child or ward is physically fit to enter this basketball program.

**Insurance is NOT provided** – Insurance will not be provided for this voluntary activity. Parents or guardians are expected to provide their own insurance.

Player Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Player No. \_\_\_\_\_

**I have read and fully understand and agree to the terms of the above statements** Parent Signature: \_\_\_\_\_

Player Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Player No. \_\_\_\_\_

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