



Contact Information and Consent Form



I. PLAYER INFORMATION

Player Name: _____

Grade: _____

Address: _____

Date of Birth: _____

Home Phone: _____

II. FAMILY INFORMATION

Guardian 1 Name: _____

Guardian 1 Cell Phone: _____

Guardian 1 Email: _____

Guardian 2 Name: _____

Guardian 2 Cell Phone: _____

Guardian 2 Email: _____

III. CONSENT

I the undersigned do hereby consent to have my child participate in the voluntary Basketball Instruction Program. In signing this consent, I do forever RELEASE, acquit, discharge, and covenant to hold harmless the Mass Ducks and its successors, departments, officers, employees, servants, and agents of and from any and all actions cause of action, claims, demands, damages, costs, loss of services, expenses and compensation of account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have resulting or to result from my child's participation in the Instructional Basketball Program. Further, I hereby agree to protect Mass Ducks and its successors, departments, officers, employees, servants, and agents against any claim for damages, compensation or otherwise growing out of or resulting from injury to my child in connection with his/her participation in the Instructional Basketball Program and to INDEMNIFY of make good to Mass Ducks or its successors, departments, officers, employees, servants and agents any loss or damage or cost, including attorney's fees, Mass Ducks or it representatives may have to pay if any litigation arises from my child's participation in the Instructional Basketball Program.

THIS FORM MAY NOT BE ALTERED.

Signature: _____

Date: _____

Printed: _____