

BELIEVE CENTER WAIVER AND RELEASE OF LIABILITY FORM

Sport/Basketball _____ 2018

Team Name _____ Level _____ LtM# _____

Player First Name _____ MI _____ Last Name _____ Male or Female

Address _____ Date of Birth _____ School _____

City _____ State _____ Zip Code _____ Grade _____

Race: ___ Hispanic, ___ American Indian, ___ Black, ___ White, Other _____

Cell Phone _____ EMAIL: _____

Emergency Contact Name _____ E. Phone# _____

Does your child have any current condition that limits his/her ability to participate in this activity? **YES** _____ **NO** _____

Please provide information about condition, allergies or medical conditions that Believe Center Inc. should have in case of emergency. _____

Believe Center Waiver and Release of Liability

We the undersigned understand, hereby declare, assert and affirm that the participation of in the Believe Center Inc. program is done voluntarily and knowingly assume the risks involved in the above-stated program; and in considering consideration, we hereby for ourselves, our heirs, executors, and administrations, WAIVE AND RELEASE any and all rights and claims of damages or losses we may incur against all participating agencies involved in the above stated program SPECIFICALLY the City of Toledo Division, Toledo Public School, TCR, and Believe Center Inc., the athletic and/or recreation supervisor, their respective agents, representatives, successors and assigns for any and all activities connected with the above programs. Only Parents or Guardians are allowed to fill out this form. Follow Policies for Sports rules and Regulations, Severe behavior, consequences for disruptive behavior, and gang affiliations and confiscated properly. The Believe Center can use this information for grants, reports, assessments, studies and surveys .Concussions may occur in any sports and in defined injuries will be treated accruing. By submitting this application, I affirm that the facts set forth in it are true and complete. In case of emergency involving myself/player, I/we understand every effort will be made to contact Emergency Contact. In the event I/we cannot be reached, I/we hereby give my/our permission to the medical treatment, transportation, including hospitalization, anesthesia, surgery, or injections of medication for myself/child. I will follow all Believe Center Inc.'s rules and regulations. I give Believe Center Inc. permission to use photographs, film footage or tape recording that may include my image or voice for the purposes of promoting or interpreting Believe Center Inc. programs without limitation, compensation or obligation for grant and promotion only. Believe Center will not be responsible for fees that are collected by non-Believe Center Teams that charges a fee to play. This Form is good for one year from the date signed below (Believe Center calendar July 1-June 31). I have read and fully comprehend this form and I am voluntarily signing this authorization and liability release form. And additional paperwork may be required by Believe Center programs: a copy for birth certificate or grade card may be require to play, if age is in question, physical forms, insurance card or no insurance form, school record form, equipment form, league fee form or others.

Parent Signature _____ Date _____

TO BE COMPLETED BY PARENT/GUARDIAN

Print Guardian Name _____

PLEASE PAY \$30 for ages 4,5,6/\$50 for ages 3rd grade to high per player

Paid on _____ Sign by _____

Please make payable to ___BELIEVE CENTER INC___ cash must have a receipt # _____