



MANDATORY MEDICAL RELEASE AND LIABILITY WAIVER FORM

Athletes without a completed medical release waiver will not be allowed to participate in gym sessions

Athlete First Name	Last Name	Gender	Birth Date	
Main Address	City	State	Zip	Country
Parent / Guardian First Name (s)	Last Name	Dates Attending PGC		
Parent Day Phone	Parent Evening Phone	Parent Cell Phone		
Name of Emergency Contact (other than parents)		Emergency Contact Phone		
Health Insurance Company <i>(Canadian athletes, only list your health card number.)</i>		Policy Number		
PLEASE MAKE A COPY OF YOUR INSURANCE CARD AND ATTACH TO THIS FORM <i>(If you have one).</i>				
Please supply any other pertinent medical information, such as allergies, medications, pre-existing conditions, etc.				
<p>I, (the "Participant"), or the parent/guardian of a minor (the "Participant") or do hereby permit the Participant to participate in PGC Basketball and certify that the Participant's physical condition is sufficient for full participation in PGC Basketball. I understand it is my responsibility to inform camp personnel of any medical conditions or any other special needs the Participant might have and will notify the appropriate individuals of any health issues that might in any way affect the Participant's active or passive participation in PGC Basketball. I understand there is a risk of injury with participation in any sports program and hereby assume responsibility for any and all costs associated with treatment of the Participant for any injury or health issue that arises during the Participant's participation in PGC Basketball. I also give permission for the undersigned to receive medical, surgical, or dental treatment, in addition to any other treatments that may be deemed necessary by medical personnel. I understand that every attempt will be made to contact me or the emergency contact listed before taking this action. I understand that the Participant's participation involves an element of risk and a danger of accidents. Knowing those risks, I hereby assume those risks and I hereby release and discharge PGC Basketball, Point Guard College LLP, More Than Hoops LLP, More Than Hoops Inc., DE10 LLC, and all directors, coaches, staff members, volunteers and heirs from any and all liability due to loss or damage to person or property, injury, accident, disability or death, resulting from the Participant's participation in any aspect of PGC Basketball, even if arising from the negligence of the releases, except for willful misconduct. If transportation is coordinated or provided by PGC Basketball for the Participant for any reason, including airport transportation or medical emergencies, prior to, during, or at the completion of PGC Basketball session, I agree to assume all risk and hold harmless PGC Basketball, Point Guard College LLP, More Than Hoops LLP, More Than Hoops Inc., and DE10 LLC, and all directors, coaches, staff members, volunteers and heirs from all claims resulting from accidents and injuries that may arise.</p>				
<p>_____(Initial) The PGC staff and Athletic Trainer on duty cannot administer prescription or over the counter medication without written permission from the parent or guardian.</p>	<p>Parent/Guardian Signature <i>(Athlete Signature if over 18)</i></p>		Date	

BE SURE TO BRING THIS SHEET WITH YOU TO YOUR SESSION