

Watertown Youth Basketball

Release of Liability

The undersigned parent or legal guardian, recognizes that basketball is a vigorous contact sport and that your son/daughter may suffer temporary or permanent serious physical injury including, but not limited to sprains, fractures, brain or spinal damage, paralysis or even death while playing basketball or attending a game, tournament, practice or scrimmage. The undersigned parent or legal guardian recognizes that the types of injuries and harm mentioned in the preceding sentence of this release can arise from a wide spectrum of causes in regard to the sport of basketball including, but not limited to: head injuries suffered by players impacting each other, bleachers or the ground; violent or overly rough play; playing in weather that may be too hot, too slippery; player fights; injuries caused by poor floor conditions; or negligence or misconduct by coaches, parents, referees or other players. The undersigned further acknowledges and understands that travel to and from games, practices, scrimmages and tournaments by motor vehicle or other means of transportation may be necessary and that such travel carries with it inherent risks of injury.

With full knowledge of the above-referenced risks, and in consideration for WYB and accepting your son/daughter in their basketball programs and activities, and pursuant to the recreational assumption of risk statute, sec. 895.525, Wis. Stats., otherwise indemnify the WYB and their respective board members, coaches and staff, directors, league and tournament sponsors and their directors and officers and any of their facilities utilized for basketball as to any claims and causes of action based on allegations of negligence by or on behalf of your son/daughter and his or her parents or legal guardians. This release includes transportation to and from basketball games, scrimmages, practices and tournaments, which I hereby authorize.

Parent or Guardian Signature

Date

Watertown Youth Basketball

Parent/Guardian Approval and Medical Release

Recognizing the possibility of injury or illness, and in consideration for Watertown Youth Basketball (WYB) accepting my son/daughter as a player in the basketball programs and activities (the "Programs") of WYB, I consent to my son/daughter participating in the Programs and/or being transported to or from the Programs, which transportation I authorize.

My player son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

I agree that if it appears my child may have sustained a concussion or head injury that he/she is to be removed from the competition until such time that a trained medical professional can examine them and approve their return to play basketball. In such case, I understand that I am to provide a written clearance for my player to return to play basketball.

Parent or Guardian Signature

Date

Watertown Youth Basketball

Review of Concussion Awareness Information

I have reviewed WYB's Concussion Awareness Information and I agree that it appears that my child may have sustained a concussion or head injury that he/she is to be removed from any program until such time that a trained medical professional can examine him/her and approve their return to play basketball, pursuant to Wisconsin Act 172 relating to concussions and other head injuries. In such case, I understand that I am to provide a written clearance from a trained medical professional for my player to return to play basketball.

I have read and fully understand this statement regarding concussions.

Parent or Guardian Signature

Date