Year: _____

FARMINGTON YOUTH BASKETBALL ASSOCIATION FYBA
EMERGENCY INFORMATION AND CONSENT FORM #150
(Print all entries except Signatures)

Registrant's Name _____ ___ _____
Last Initial First

Club Name: **Farmington Youth Basketball Association** Team Name:_____

PARENT/GUARDIAN AGREEMENT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the FYBA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with basketball and in consideration for the FYBA accepting the registrant for its basketball programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the FYBA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Program and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Legal Guardian: _____

Date: _____ Signature of Parent/Legal Guardian: _____

EMERGENCY INFORMATION

Who should be notified?	Address	Home Phone
Alternate who can be notified?	Address	Home Phone
Physician/HMO/Clinic Name	Address	Work Phone
Dentist Name	Address	Work Phone
Medical Insurer	Medical Policy Number/ID	
Dental Insurer	Medical Policy Number/ID	

List above any medical problems, limitations, or prohibitions the player may have. Please include any allergies.

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of a participant in the FYBA Programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Date: _____ _____
Signature of Parent/Legal Guardian:

Notes:

1. Adults, and high school graduate players over age 18 who are not claimed as dependents by their parents, may sign this form for themselves.
2. As a portion of the seasonal FYBA Individual Registration Form, the PARENT/GUARDIAN AGREEMENT must be signed before a player participates in any Program event or activity. The form is to be retained by the Team during the season.
3. If the player wears eyeglasses during play, tenses and frames of a type acceptable to the referee must be provided at the players responsibility.
4. If the CONSENT FOR MEDICAL TREATMENT part of this form is not signed by a parent or legal guardian, one of them must accompany the player to and from, and remain in proximity to them, during Program events and activities.