

# Mukilteo Knights Basketball



## Insurance & Medical Release

**Player Name:** \_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_

**Phone#** \_\_\_\_\_

**Mother' Full Name:** \_\_\_\_\_

**Phone#** \_\_\_\_\_

**Emergency Contact/Relationship:** \_\_\_\_\_

**Phone#** \_\_\_\_\_

**Doctor:** \_\_\_\_\_

**Phone#** \_\_\_\_\_

I realize that participation in basketball could result in serious injury and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Mukilteo Knights Basketball Program, organizers, sponsors, supervisors, participants, facilities and any persons transporting my child to and from activities from any claim arising out of any injury to my child whether the result of negligence or for any other cause.

In case of an emergency, during any Mukilteo Knights Basketball activity, I authorize emergency medical treatment, as deemed necessary, to be rendered to the above child. I authorize any hospital and/or physician to perform emergency medical treatment for any injury resulting from a Mukilteo Knights Basketball activity.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_