



Ballenger Creek Recreation Council Basketball



PERMISSION - MEDICAL RELEASE - WAIVER OF LIABILITY

(All sections must be completed and received by BCRC Basketball for registration to be complete)

_____ has my permission to participate in
(Child's name)

Ballenger Creek Recreation Council Basketball. I certify that he/she is physically able to participate in this program. I realized that by participating in these activities, he/she may be accidentally injured.

I give permission for all medical attention necessary to administer to the above named youth in the event of an accident, injury, or sickness, under the direction of his/her coach or instructor until I may be contacted. I also assume responsibility for payment of any such treatment.

I understand that I am not eligible for a refund or a credit for any reason unless the registrant cannot be placed on a team.

In consideration of being permitted to participate in basketball activities, I do hereby for myself, and as a parent/guardian of the above named individual, my heirs, executors, administrators, agents, and assignees release and forever discharge the Frederick County Parks and Recreation Department, Frederick County Commissioners, Frederick County Public School's, Ballenger Creek Recreation Council, Monocacy Youth Basketball Association, team coaches, their agents, predecessors, successors and assignees, and all those persons involved in organizing and managing these events from all claims, demands, losses, damage actions, cause of actions or suits at law or in equity of whatsoever kind of nature, arising out of basketball activities, including without limitation, any claims for personal injuries or losses to the individual identified above, which I may otherwise be able to assert either on my own behalf or on the behalf of the above named individual.

Known medical Conditions/Allergies:

Parent/Guardian Signature

Date