

Crabapple First Baptist Church Basketball League

Insurance Waiver and Parental Consent Form

First Baptist Roswell Participant

Emergency Contact Information:

Player's Name _____ D.O.B. _____ Age _____

Address _____ Home Phone () _____

School Attended _____ CFBC League/Team Color _____

Insurance Carrier _____ Policy # _____

Mom's Name _____ Cell() _____ Email _____

Mom's Employer _____ Work Phone () _____

Dad's Name _____ Cell() _____ Email _____

Dad's Employer _____ Work Phone () _____

Waiver of Liability:

I/We the parents/guardians of the above named player hereby give my/our child approval to participate in the Crabapple First Baptist Church Basketball League.

I/We know that participation in Basketball may result in serious injuries. We agree to release and hold harmless the Crabapple First Baptist Church, the CFBC Basketball League, King's Ridge Christian School, staff, coaches, participants, and facility representatives or organizations for all and any causes. I/We agree to employ our family medical insurance carrier for all claims during arising from any and all injuries associated with participation in the CFBC Basketball League.

I have read this document carefully and understand its contents. I do hereby voluntarily sign this assumption of risk agreement and release.

Parent/Guardian Signature

(Please print Parent/Guardian name)