

**Foothill Hoops Summer 2009: Pre-Season Disclaimer**  
**\*Only One Player Per Form, Please\***

Player's Name: \_\_\_\_\_ Age as of September 1, 2009: \_\_\_\_\_  
Insurance Name: \_\_\_\_\_ Subscribers' Name: \_\_\_\_\_  
Group #: \_\_\_\_\_ I.D. #: \_\_\_\_\_  
Phone # of Insurance: \_\_\_\_\_ Name and phone # of Doctor: \_\_\_\_\_

*Please read each point*

- I understand that once any Foothill Hoops games, practices, or events are over, I am responsible for picking-up my player(s) or arranging to have my player(s) picked-up safely. Once a scheduled game, practice, or event is over, neither Foothill Hoops nor any of its agents (staff and volunteers), are responsible for the welfare of my player(s).
- I understand that during events, practices, and games; video and still photographs will be taken for use on Foothill Hoop's website, www.FoothillHoops.org, and I understand that my player's likeness may appear in one or more of these videos and/or photographs. I also understand that my player's full name may be used on the website.
- Neither Foothill Hoops Inc., nor any of its agents, are responsible for any injury or illness accrued during participation in practices, games, and league events. I understand that physical risks are part of the game of basketball, and therefore I agree not to sue Foothill Hoops Inc., or any of its agents, because of injury or illness to my player. If any injury or illness should occur, I agree to use my own medical insurance for coverage.
- In the case of an emergency, Foothill Hoops reserves the right to use 911 services. I agree that 911 and emergency services will be responsible for the hospital and treatment chosen. Further, I agree to pay for any and all 911 emergency treatment. If I do not have medical insurance, I agree to still be responsible for all medical costs.
- This form will be valid for the next 5 years

*I have read, agree with, and agree to abide by the above statements:*

Parent/Legal Guardian's Name (printed): \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_

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

*Thank you for your time – please send the completed form to:*

*Foothill Hoops  
P.O. Box 854  
Montrose, CA 91021*

*Or you can simply bring it to us at the June 6<sup>th</sup> Skills Assessment*