

Katy Youth Basketball, Inc.
P.O. Box 6654
Katy, Texas 77491-6654

(281) 397-4KYB (4592)
www.katyyouthbasketball.com

Parental Release and Consent / Medical Information and Permission

(Please complete all blanks fully)

Please Print:

Child's Last Name _____ First Name _____

Street Address _____

Date of Birth _____

Parental Release & Consent

I/We hereby give approval for the participation of my child in all Katy Youth Basketball activities and I/We assume all risk and hazards incident to such participation including transportation to and from said activities. I/We waive, release, absolve, indemnify, defend and agree to hold harmless Katy Youth Basketball, the organizers, supervisors, officers, participants and person or parents transporting participants to or from such activities from any claims arising out of injury to my child. Additionally, I hereby acknowledge that I have received and understand the information provided to me at registration which covers topics including, but not limited to, refund policy, event conduct and practice or game locations.

Parent/Guardian Signature _____ Date _____

Medical Information and Permission

I/We do hereby authorize any person in a responsible position within the Katy Youth Basketball program, in the event of emergency, to authorize emergency medical treatment for my child named herein. I/We agree to hold harmless such persons and such emergency care centers (Hospital, doctors, nurses, providing such emergency care) for such act and to assume financial responsibility for said treatment.

Family Doctor _____ Phone _____

Insurance Company _____ Policy No. _____

Allergies or Medical Restrictions _____

Parent/Guardian Signature _____ Date _____

Note: If you have already registered, please mail this completed form to the address at the top of this form.