

**NEW YORK ROCKITS AIA YOUTH BASKETBALL PROGRAM WAIVER OF RELEASE**  
**PLAYER INFORMATION**

PLAYERS NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Month/day/year) (Month/day/year)

SCHOOL NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ HOME/CELL #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(City, state, zip)

EMAIL ADDRESS: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

DAD'S CELL #: \_\_\_\_\_ MOM'S CELL #: \_\_\_\_\_

**AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY and MEDICAL RELEASE**  
**(Read before signing)**

In the event that our child requires emergency medical treatment and we can't be reached, the administrators of the New York Rockits AIA have my permission to make emergency medical decisions in our stead.  
(Note: If an emergency situation should arise, my child will be taken to the nearest medical facility for treatment)

Insurance Carrier: \_\_\_\_\_ Group No./Card No. \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

In consideration of being allowed to participate in these tryouts and the NY Rockits AIA youth basketball program and its related events and activities, I, the undersigned acknowledge, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal disciplines may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence and/or participation, I will remove myself and/or participant from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the NEW YORK ROCKITS ATHLETES IN ACTION, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, volunteers (parents included) and, if applicable, owners and lessors of premises or vehicles used to transport to or conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5. Parents are responsible for insuring that their children have been cleared by a physician to participate in the physical activities associated with NEW YORK ROCKITS ATHLETES IN ACTION Youth Basketball Program. By signing this waiver you hereby confirm that the participant has been cleared by a physician to participate in all physical activities of the NEW YORK ROCKITS ATHLETES IN ACTION Youth Basketball Program.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Parent's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Or participant is 18 and above

Participant's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Dated: \_\_\_\_\_