

Release of Liability

In consideration of the listed player(s)

being allowed to participate in any way in the Mid-Missouri Mavericks Basketball program, related events and activities, the undersigned acknowledges, appreciates, and agrees to the following:

1. The risk of injury from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, officials, and personal discipline may reduce this risk, the risk of serious injury does exist.
2. FOR MYSELF, SPOUSE/MATE, AND CHILD/CHILDREN, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM NEGLIGENCE OR OTHERWISE, TO THE FULLEST EXTENT AS PERMITTED BY LAW
3. I willingly agree to comply with the Mid-Missouri Mavericks Basketball coaches and staff during participation. If I observe any unusual, significant concern in readiness of any listed player to participate and/or the program itself, I will remove said player(s) from participation and address the matter immediately with the coach, member, or interested party.
4. I myself, my spouse/mate, my child and on behalf of my/our heirs, assigns, personal representatives, and next of kin, hereby release the other participants, members of Mid-Missouri Mavericks Basketball, sponsoring agencies, sponsors, advertisers, and if applicable, owners and renters of activity facilities releases, even if arising from negligence or otherwise to the fullest extent as permitted by law;
5. I myself, my spouse/mate, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby indemnify and hold harmless all the above releases from any and all liabilities incident to my or my child's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent as permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, UNDERSTAND FULLY ITS TERMS AND CONDITIONS, UNDERSTAND THAT BY SIGNING THIS RELEASE I AM GIVING UP SUBSTANTIAL RIGHTS, AND SIGN IT OF MY OWN FREE WILL, VOLUNTARILY WITHOUT INDUCEMENT.

Name of Parent/Guardian (please print) _____

Signature _____ Date _____

UNDERSTANDING/ACKNOWLEDGEMENT OF RISK:

I understand the seriousness of the risk involved in participation in this program, my personal responsibilities for adhering to regulations and rules, and accept them as a player/participant.

Player 1: Print name _____

Signature _____ Date _____

Player 2: Print name _____

Signature _____ Date _____

Player 3: Print name _____

Signature _____ Date _____

Player 4: Print name _____

Signature _____ Date _____

Mid-Missouri Mavericks Basketball
Consent to Medical Treatment & Emergency Contact Information

CONSENT TO MEDICAL TREATMENT

In case of a medical emergency requiring immediate attention,
I hereby authorize any necessary medical treatment to be given to

(print child's full name)

of whom I am the parent/guardian.

This authorization includes admission to the hospital in my absence if it is recommended by my child's physician, a consulting physician, or the emergency room/urgent care physician in their absence.

My signature testifies that I am the parent or guardian of the child named above. I will be responsible for the charges for medical treatment authorized by the use of this document. This authorization is effective for the duration that my child is participating in the Mid-Missouri Mavericks Basketball program.

PARENT/GUARDIAN SIGNATURE

DATE

INSURANCE INFORMATION

Insurance Company: _____ Policy Number: _____

ID Number: _____ Certification Number: _____

Does company require pre-admission certificate/notification? YES NO *(please circle one)*

If yes, please provide phone number: _____

CHILD'S MEDICAL HISTORY

Child's Full Name: _____

Child's Birth Date: _____ Date of Last Tetanus Shot: _____

Known allergies or reactions:

Chronic Medical Conditions:

Continued on reverse side...

Child takes the following medications (list dosage and times taken):

Medical Limitation (the school should be aware of):

Child has been hospitalized (most recently) for:

When? _____ Where? _____

CHILD'S PHYSICIAN

Name: _____ Office Number: _____

PARENT CONTACT INFORMATION

Father's Full Name: _____ Cell Phone: _____

Father's Place of Employment: _____ Work Phone: _____

Mother's Full Name: _____ Cell Phone: _____

Mothers' Place of Employment: _____ Work Phone: _____

ALTERNATE CONTACTS *(to be contacted in an emergency if parents are unreachable)*

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone Number #1: _____ Phone Number #1: _____

Phone Number #2: _____ Phone Number #2: _____

City & State: _____ City & State: _____

ADDITIONAL NOTES

Parent Signature Page

(All referenced documents are available in the "Additional Registration Info" file.)

- 1. I have read and agreed to the Parent Expectations and will encourage my family to do the same.
- 2. I have read the Athlete Code of Conduct and will encourage my child to adhere to that agreement.
- 3. I have read the Discipline Guidelines and agree to support the coaches in their role of influence and authority over my child and his/her teammates.
- 4. I have read the NCHC Eligibility Guidelines and confirm that my child meets the requirements of participation on the team.
- 5. I have provided medical information and signed the Medical and Liability Release.

Signature: _____ Date: _____

Photography Release

- I agree that photographs, images, and/or video of my child and my child's name may be used for any publications, including those prepared for both an internal and external audience.
- No, I DO NOT want my child's photograph, image or video used in any way.

Signature: _____ Date: _____

Athlete Code of Conduct Signatures

I have read and agreed to the Athlete Code of Conduct.

1. Child #1 Print Name: _____

Signature: _____ Date: _____

2. Child #2 Print Name: _____

Signature: _____ Date: _____

3. Child #3 Print Name: _____

Signature: _____ Date: _____

4. Child #4 Print Name: _____

Signature: _____ Date: _____

Volunteer Opportunities (We will train you)

Please indicate which parent and/or child is willing to volunteer for a position.

Name

Position/Description

Volunteer Coordinator

– A person who finds volunteers, schedules them and communicates with them

Game Video

– A person who runs the camcorder for the game

Game Bookkeeper

– A person who sits by the score clock and keeps points, fouls, and official score for both teams

Game Clock

– A person who sits at the score table and runs the clock (home/tournament games only)

Stat Keeper

– A person who sits in the crowd & keeps stats for the Mavs (rebound, assists, steals, turnovers)

Concession Worker

– A person who runs the concession stand during home games, able to manage \$ & food

Admissions / Gatekeeper

– A person who runs collects the admission fees during our home games

Post-Game Coordinator

– A person who plans and communicates any post-game gatherings/dining for the team

Photographer

– A person comes to team photo day for individual and team photos, game photos to share

Highlight Video Producer

– A person who produces the year end highlight video for award banquet

Award Banquet Coordinator

– A person organizes décor, food and program for the awards banquet

Game Program Designer

– A person produces the game program with rosters, schedules, and sponsors

Service Project Coordinator

– A person who finds service projects for the team, then plans and communicates to the team

Fundraising Coordinator

– A person who finds opportunities and promotes events to raise \$ for the program

Team Wear Coordinator

– A person who works with Tee Public or other vendor to provide fan gear promoting the team

Summer Program Coordinator

– A person who plans off season events, fun events, skills development, tournaments

Media Coordinator

– A person who manages social media for the team

Hotel Coordinator

– A person who finds hotels for the tournaments & then communicate the options to the team