



KNIGHTS BASKETBALL

KAMIAK'S YOUTH FEEDER PROGRAM

Insurance & Medical Release

Player Name: _____

Father's Full Name: _____

Phone # _____

Mother's Full Name: _____

Phone # _____

Emergency Contact/Relationship: _____

Phone # _____

Doctor: _____

Phone # _____

I realize that participation in basketball could result in serious injury and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Mukilteo Knights Basketball Club, coaches, organizers, sponsors, supervisors, participants and any persons transporting my child to and from activities from any claim arising out of any injury to my child whether the result of negligence or for any other cause.

In case of an emergency, during any Mukilteo Knights Basketball Club activity, I authorize emergency medical treatment, as deemed necessary, to be rendered to the above child. I authorize any hospital and/or physician to perform emergency medical treatment for any injury resulting from a Mukilteo Knights Basketball Club activity.

Signature: _____

Date: _____