

MEDICAL RELEASE

I understand that the sport of basketball involves the risk of injuries, some of which can be serious. I hereby absolve Rancho Penasquitos Basketball (RPB), as well as the individuals formally associated with the organization, of legal responsibility for injuries incurred by my child, whose name is stated below, during the course of his or her participation in the activities of this program. Additionally, in the event of an injury that may demand emergency medical attention, I hereby authorize emergency treatment for my child and I will be responsible for the payment of said treatment.

Player	Parent/Guardian	Signature	Date
Preferred Medical Provider			
Note any medical condition of which the League should be aware:			

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