



**Team Peak Medical Information/ Consent  
2018-2019**

Player Name: \_\_\_\_\_ Team: \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Plan #: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Other Pertinent Medical Information: \_\_\_\_\_

I hereby authorize Peak Basketball to use my child's name/picture in connection with the promotion or undertaking of any Peak Basketball programs or activities, including without limitation on the website ([www.peakbball.com](http://www.peakbball.com)) and in general marketing, promotional and advertising materials.

The player registering is making a commitment to Team Peak and the team he/she is selected for and will maintain an active role on and for that team.

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

**(Please see reverse for Waivers, Acknowledgments and Release for Participation)**

**Waivers, Acknowledgments and Release for Participation  
2018-2019**

(READ BEFORE SIGNING)

IN CONSIDERATION OF \_\_\_\_\_ (*child's name*), my child/ward, being allowed to participate in any way in Team PEAK and Peak Basketball related events and activities, the undersigned acknowledges, appreciates, and agrees that: The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death. I hereby voluntarily permit my child to participate in the Team Peak travel basketball program and AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH. FOR MYSELF, SPOUSE, AND CHILD, 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 child's participation. In consideration of my child's participation in the Team Peak travel basketball programs and activities, I hereby release and discharge, and agree to indemnify and hold harmless, the Team Peak Basketball club, its directors, officers, coaches and volunteers, the Town of Boone, and the Watauga School District from any and all loss, claim, personal injury, damage or liability whatsoever resulting from or in any way related to the participation of my child in Peak Basketball programs or activities.

\_\_\_\_\_ Initial Here

Neither I nor my child suffers from any physical impairments or limitations that would prevent them from participating in any Team Peak programs or activities. In case of a medical emergency concerning my child, at a time when I or the emergency contact listed above is not present, I authorize duly licensed health care professionals to perform any necessary x-ray examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care of the my child. As the parent/legal guardian of the above-named child, I accept full financial responsibility for any such treatment, including the cost of any transportation.

\_\_\_\_\_ Initial Here

I hereby give my consent for the named athlete, (1) to represent Team Peak in approved athletic activities; (2) to accompany his/her team which he/she is a member on the local and out of town trips; (3) to compete as an athlete for Team Peak knowing risk is involved, and that he/she understands this agreement.

\_\_\_\_\_ Initial Here

I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

Date Signed: \_\_\_\_\_

**ATHLETE UNDERSTANDING OF RISK:**

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

\_\_\_\_\_  
(ATHLETE SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

Date Signed: \_\_\_\_\_