

CT EXPRESS PARENT_GUARDIAN FORM

Dear Parent/Guardian:

The CT Express welcomes your child to our AAU basketball program. We hope that your child will find the experience rewarding and will develop skills and friendships that he or she will keep for the rest of his/her life.

Your child will be placed on a team based on an assessment by the coaching staff using the following criteria: skills, ability, and basketball knowledge. Your child will automatically be placed on the team if there are only enough youth to form one team in your child's age division. The ability of the team is then assessed by the staff and the team is placed for example in the appropriate tournaments, either (elite), (competitive) or (recreational).

As a condition of your child's participation in this activity, you must complete and sign the attached form and return it to the CT Express. If you do not want to authorize the CT Express to secure medical treatment for your child in the event of an accident and you cannot be contacted, then cross out and initial the medical authorization paragraph. Be sure, nonetheless, to complete the "Emergency and Medical Information" section.

**Non-Refundable \$200 deposit is required with the completion of this form.
Deposit secures players "ROSTER" spot on the team.**

Child's Name	Date of Birth	Age	Sex
Parent's Name	Phone	Work Phone	
Address	City	State	Zip
School	Grade		
AAU Basketball Sport or Activity	Signature	Date	

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This form has four sections (1) an assumption of risk and release; (2) paragraph of instruction; (3) medical authorization; and (4) a participant information form. The first section tells you about risks of injury that may arise from participating in the CT Express basketball program. The second section emphasizes obedience to safety rules. The third section gives the CT Express authorization to provide medical care in case an accident should happen and you cannot be contacted. The fourth section provides the CT Express important information about your child.

As a parent or guardian, you should ask coaches, physicians, and other knowledgeable persons about any concerns that you might have at any time about your child's participation or safety. The decision for your child to participate is your.

I. ASSUMPTION OF RISKS

Injuries to participants in the CT Express program may occur from risks inherent in the sports or activity; from placing stress on the body that has not been prepared for; from accidents in learning or practicing playing techniques; from failing to follow game, training, safety or other team rules; from the use of transportation to and from games and other events; and from administration of first aid. Injury can include direct physical, and possibly crippling, injury to one's body, and emotional injury experienced as a result of inflicting injury to another or witnessing it. The severity of injury can range from minor cuts, scrapes, or muscle strain to catastrophic injury, such as paralysis or even death.

In consideration of the CT Express permitting my child or ward to participate in its AAU basketball program, I hereby agree on the behalf of my child that he or she will assume the risk of injury or death from participating as outlined above. I release the CT Express, the department's employees, advisory councils, and/or volunteers from any liability resulting from my child's participating in the sport or activity. This assumption of risk and release binds by child's heirs, estate, executor or administrator, and assigns all members of my family.

II. INSTRUCTION

I have told my child to obey all directions of the instructors and personnel in charge of the sport or activity and their assistants; to comply with all safety instructions; and to refrain from horseplay and other unsafe practices.

III. MEDICAL AUTHORIZATION

In the case of an accident or illness, I authorize the CT Express to provide medical treatment for my child if I cannot be contacted immediately and I consent to the administration of any and all medical procedures deemed necessary by the attending authorities. I understand that the CT Express, its staff, and volunteers assume no financial obligations or liability for the immediate medical treatment that they provide to or for my child.

Corey Googe, Director
CT Express Child Development Program
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IV. EMERGENCY AND MEDICAL INFORMATION

Emergency contact:

Name Telephone(Day)

Full Address Telephone(Evening)

Alternate person to contact in case of emergency:

Name Telephone(Day)

Full Address Telephone(Evening)

Allergies/Medical Conditions

Medications

Insurance Company Policy#

Comments

I/We have agreed to assume the risks of participation and the release, given the instruction, authorized immediate medical attention if I/we cannot be contacted, and completed the emergency and medical information.

Signature of parents or guardian Date

Printed Name

Address

Telephone(Home) Day/Work

Relationship

Signature of Athlete Signature of Parent