

VENTURA COUNTY PIRATES BASKETBALL CLUB, INC.
2010 Players Consent & Eligibility Form

PLAYER'S INFORMATION

Players Full Name (First, Middle, Last) _____

Street Address _____

City _____ State _____ Zip _____

Home Telephone Number _____

Alternate Telephone Number(s) _____

Email Address _____

Players Date of Birth _____

Name of School _____ Current Grade _____

PARENTAL CONSENT & MEDICAL TREATMENT AUTHORIZATION

I/We the parents/guardians of the above named player, hereby give my/our approval to his/her participation in any and all Ventura County Pirates Basketball Club, Inc. activities during team tryouts and/or the current season. I/We assume all risks and hazards, incidental to such participation including transportation to and from such activities: and I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless to local team, leagues, and other Organizations this basketball program is affiliated with, the organizers, sponsors, supervisors, coaches, participants, and persons transporting my/our child to and from such activities or games for any claim out of injury to my/our child. I/We understand that any monies paid to the team with our child are affiliated with, does not constitute a premium payment for insurance coverage.

I/We have read and understand the foregoing release, and have signed it voluntarily.

Insurance: The name of our own personal group insurance company is

Policy Number _____ Group Number _____ ID Number _____

In the event of injury to my/our child (print FULL name) _____
who was born on the _____ day of (month) _____ in the
year of _____, I/We hereby grant authority to a qualified doctor of medicine or physician
to render such medial treatment as said doctor or physician deems necessary under the
circumstances.

| | | | |
|---------------------|--------------------|-----------|-------------|
| Print Mother's Name | Mother's Signature | Day Phone | Night Phone |
|---------------------|--------------------|-----------|-------------|

| | | | |
|---------------------|--------------------|-----------|-------------|
| Print Father's Name | Father's Signature | Day Phone | Night Phone |
|---------------------|--------------------|-----------|-------------|

(Note: Both parents will sign if available.)

Alternate Emergency Contact Name & Phone _____

Date Signed _____