



OAK RIDGE RECREATION & PARKS ROSTER AND MEDICAL RELEASE – Youth Basketball

TEAM:	
COACH:	PHONE (h):
Division (Boys or Girls):	PHONE (w):

I, whose name is listed on the same line with my signature below, fully understand the risk of injury arising from my or my child's participation in basketball. I hereby assume all risks and hazards incidental to such participation, including transportation to and from all activities; and do hereby waive, release, absolve, and indemnify and agree to hold harmless the City of Oak Ridge, organizers, sponsors, supervisors, and participants, for any claim or injury or liability that may hereafter arise as a result of participating in basketball. I make this agreement on behalf of myself, my heirs, and my estate. I also grant permission to managing and/or coaching personnel or other department representatives to authorize and obtain medical care and treatment from any licensed physician, hospital or medical clinic, including minor surgery, deemed necessary by a duly licensed physician should I become ill or injured while participating in basketball. For youth sports (under age 18), a parent or guardian's signature is required for participation.

PLAYER AND PARENT NAME	DOB	PARENT PHONE NUMBER	SIGNATURE (PARENT IF UNDER 18) AND ADDRESS	PARENT & PLAYER E-MAIL ADDRESS
1. John Ruth, Jr.	10/21/01		EXAMPLE	JRUTHJR@GMAIL.COM
John Ruth, Sr.	6/12/63	(865) 123-4567		JRUTHSR@YMAIL.COM
2.				
3.				
4.				
5.				
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9.				
10.				

