



REGISTRATION, CONSENT, WAIVER AND RELEASE FORM

Player's Name: _____ Bib Number: _____

AGE: _____ DOB: _____ (Proof is required before participation in tournaments.)

Address: _____

City: _____ State: _____ Zip: _____

Player's School: _____

Player's Current Grade: _____

Parent/Guardian: _____

Primary Telephone Number: _____

Alternate Telephone Number: _____

Email address: _____

Circle T-Shirt Size **Circle Jersey Size** **Circle Shorts Size** **Write in Shoe Size**

XS S M L XL XS S M L XL XS S M L XL _____

Players will be responsible to clean and maintain their uniform, shoes, and backpack. If the uniform, shoes, or backpack is lost or destroyed, the player will be responsible for the cost of replacement. Players are required to tuck in their jerseys and wear basketball appropriate athletic shoes.

Read this form completely and carefully. In consideration for my child's participation in the basketball program I realize this potentially dangerous activity involves risk of serious and disabling injuries which cannot be avoided or eliminated, including, various degrees in severity of bodily (physical) injury and even the possibility of death, loss of future earning capacity, and loss of or damage to personal property. I also recognize there are other risks which may arise due to my child's participation in this activity, and it is not possible to specifically list every individual risk. I understand these risks of injury could arise out of negligent supervision on the

part of the Florida All-Stars, LLC, its employees, agents, and representatives in the operation of the recreation program. By signing this form, I am giving up my child's right and my right to recover from Florida All-Stars, LLC in a lawsuit for any personal injury, including death, to my child or any property damage resulting from the risks of this inherently dangerous activity. I have the right to refuse to sign this form, and the Florida All-Stars, LLC has the right to refuse to let my child participate if I do not sign this form.

However, knowing and reasonably anticipating that other injuries and even death are a possibility, I hereby, on the behalf of my child, expressly assume all the delineated risks of injury, all other possible risks of injury and even death which could occur by reason of my child's participation and for my child, myself, my personal representatives, executors, administrators, heirs, next of kin, successors and assigns, do hereby release, remise, and forever discharge the Florida All-Stars, LLC, its agents, employees, representatives, successors and assigns of all liabilities, claims, actions, causes of action, suits, damages, costs, or expenses whatsoever, in law or in equity, which I may have or my child may have against them.

I represent that my child is in satisfactory physical condition to participate in the activity. I authorize any person connected with the activity or the Florida All-Stars, LLC to administer any and all available first aid to my child, as they deem necessary. I further authorize medical transportation to a medical facility or hospital for the treatment necessary at my expense. This Waiver and Release will apply for every day that my child is engaged in the activity without requiring me to sign an additional form for each day or activity. This Waiver and Release is governed by the laws of the state of Florida, and exclusive jurisdiction shall be in the Circuit Court of St. Lucie County, Florida. If any part of the agreement is determined to be unenforceable, all other parts shall be given full force and effect.

I have had the opportunity to ask questions. Any questions that I had have been answered to my complete satisfaction. I understand the risk of my child's participation in this activity and knowingly and appreciating these risks, do consent to allow my child to participate, assuming all risks of injury or even death, due to said participation.

I HEREBY DECLARE, UNDER PENALTY OF PERJURY, THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE NAMED PARTICIPANT AND I AM AUTHORIZED TO SIGN THIS REGISTRATION, CONSENT, WAIVER AND RELEASE FORM ON BEHALF OF BOTH PARENTS AND/OR ALL GUARDIANS. I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE OF LIABILITY AGREEMENT AND VOLUNTARILY AGREE TO ITS TERMS.

Student Signature: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

Alternate Emergency Contact: _____