

Student-Athlete Info, Medical Release Form (VDBL Tryout)

All players attending try-outs MUST have medical release signed.



STEP 1: Enter Personal Information Please print clearly.

NAME OF HIGH SCHOOL will be attending (LEAVE BLANK if you attend a private school w/o a high school or home-schooled)			NAME OF SCHOOL PRESENTLY ATTENDING			GRADE		
FIRST NAME		LAST NAME		BIRTHDATE		/		AGE
STREET ADDRESS			CITY		STATE		ZIP	
HOME PHONE			CELL PHONE			WORK PHONE		
PARENT E-MAIL (very important)				OTHER PARENT E-MAIL (very important)				
PARENT/GUARDIANS FIRST & LAST NAME				HOW DID YOU HEAR ABOUT THE D-LEAGUE TRYOUTS?				

STEP 2: Complete Medical & Insurance Information To be completed by Parent or Guardian and submitted **prior** to participation.

NAME ON INSURANCE CARD REQUIRED!			ATHLETE'S SOCIAL SECURITY # (optional)				
NAME OF INSURANCE COMPANY REQUIRED!			POLICY NUMBER REQUIRED!				
ADDRESS OF INSURANCE COMPANY		CITY		STATE		ZIP	
<input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE			POLICY NUMBER				
LIST ALL MEDICATIONS ATHLETE IS CURRENTLY TAKING.			LIST ALL MEDICAL CONDITIONS CURRENTLY UNDER TREATMENT				
NAME OF EMERGENCY CONTACT (other than parents)			EMERGENCY PHONE				

STEP 3: READ & SIGN PARENTAL CONSENT FORM CONSENT TO MEDICAL TREATMENT AND RELEASE OF LIABILITY

This section must be signed to participate.

In consideration of being allowed to participate in this Camp/Clinic/Academy, I hereby **RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** the *Virginia Basketball Academy* and its officers, servants, agents, or employees (hereinafter referred to as **RELEASEE**) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me/my child, or to any property belonging to me/my child, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE**, or otherwise, while participating in this Camp/Clinic/Academy, or while in, on or upon the premises where the Camp is being conducted.

To the best of my knowledge, I/my child am/is in good physical condition and I am not aware of any physical infirmity which would place me/my child at risk to participate in any way with the Camp's activities. I am fully aware of the risks and hazards connected with this Camp, **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSON INJURY, INCLUDING DEATH**, that may be sustained by me/my child, or any loss or damage to property owned by me/my child, as a result of being engaged in the Camp's activities, **WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEE** or otherwise.

During the period of the Camp/Clinic/Academy, I hereby give permission for the staff of the *Virginia Basketball Academy* to administer appropriate medical attention to me/my child in the event of an accident, illness, or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement Consent to Medical Treatment shall bind the members of my family and spouse, if I am alive, and my heirs, assigns a personal representative, if I am deceased, and shall be deemed as a **RELEASE WAIVER**, this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall be construed in accordance with the laws of the State of Virginia. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete considerations fully intending to be bound by same.

I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

SIGNATURE of PARENT or GUARDIAN **X**

DATE _____

STEP 4: PLEASE INDICATE IF YOU WILL NEED A FULL or PARTIAL SCHOLARSHIP

Yes! If I/my son makes his VDBL team, he would need financial assistance (full or partial scholarship)

*The VABA Foundation is a non-profit organization. We are eager to provide funding if assistance is needed.

PLEASE NOTE: Your request for a scholarship will have no bearing on whether your son makes his team.

All tryout participants will be notified within 3 - 6 days of tryout date. THANKS FOR COMING!