

CHURCH LEAGUE BASKETBALL FOR YOUTH

I/We hereby state that our daughter/son, _____, is
(circle one)
covered by _____ insurance policy. I/We also
hereby release Church League Basketball for Youth, all coaches, and participating
churches for any responsibility in the case of an accident that might occur to my/our
daughter/son while participating in any League activities.
(circle one)

Signature: _____ Date: _____

I/We understand that in the event of an accident that would require emergency treatment,
that every effort will be made to reach me/us. If I/we cannot be reached, I/we give
permission to the responsible coaches and/or CLBBY personnel to secure medical
attention for my/our daughter/son.

Signature: _____ Date: _____