

PARTICIPANT AGREEMENT, RELEASE AND ACKNOWLEDGEMENT OF RISK

Basketball League _____

Date of Birth _____

Grade _____

I, _____, of _____ (School/Parish), am a participant in **NVJCYO Basketball & Cheer** (Name of Program/Activity) and hereby acknowledge that this program may involve a variety of activities which may be both physical and mental in nature. These activities are designed to be within the limits of a person who is in reasonably good health. The level of participation in all programs and activities is at all times completely up to the individual. Safety is a high priority in all programs. In addition, each participant must assume the risk that he or she may suffer an emotional or physical injury and disability.

Liability Coverage:

The Parish/School is not furnishing and is not responsible for and assumes no liability in connection with participation in this activity. The Parish/School is not furnishing and is not responsible for and assumes no liability of guarantee or assurance of safety of participants and/or elimination of all risks from the environment. The Parish/School is not furnishing and is not responsible for and assumes no liability for the safety of personal property during participation in the program. The Parish/School is not furnishing and is not responsible for and assumes no liability for monitoring and/or control of all the daily personal decisions, choices, and activities of the individual participants. The Parish/School is not furnishing and is not responsible for and assumes no liability for assumption of responsibility for the actions of persons who are not volunteers or employees of the Parish/School or otherwise engaged by the Parish/School, for events that are not part of the program, or that are beyond the control of the Parish/School and its subcontractors. I voluntarily and without reservation and on behalf of myself, my heirs, and my estate, hereby indemnify, defend and hold harmless the PARISH, to include but not limited to, the Diocese of Arlington, The Most Reverend Paul S. Loverde and his successors in Office, their officers, and employees from any and all liability, loss damages, costs, or expenses which are sustained, incurred, or required arising out of my actions in the course of the above program/activity.

Use of Vehicles:

I further acknowledge, with regard to any personal vehicle driven by me or which I am a passenger in, that in the event of an accident, there is no coverage afforded to me through the Diocesan Master Insurance Program for liability or physical damage sustained to any vehicle involved or liability incurred by me while operating my vehicle. I acknowledge that if I choose to park at any Diocesan facility, I do so at my own risk.

Reimbursement of Medical Expenses:

I recognize and acknowledge there is no volunteer accident coverage nor is there any medical payments coverage available to me in order to compensate me for expenses I incur from deductibles, co-payments, prescription drugs, or medical services not covered through my own health insurance provider(s) for any injury I sustain as a result of performing my services. I agree that any medical coverage(s) I have will be primary and under no circumstance will I seek any contribution from the Diocese, or their insurer, for any medical expenses.

Informed Consent to Medical Treatment:

In the event of an injury, I hereby give the Diocese of Arlington and/or its parish(es) full authority to take whatever action they feel is warranted under the circumstances regarding my health and safety, if I am not in a condition to give informed consent including but not limited to the application of emergency medical procedures, the admittance to a hospital, or the care of a medical professional at my expense.

Safety:

Further, I agree to follow all procedures and safety precautions set forth by the Diocese and the parish(es) in addition to ensuring the protection of minors from sexual misconduct and/or child abuse in order to conform with the requirements adopted by the United States Conference of Catholic Bishops and Catholic Diocese of Arlington Policy on the Protection of Children/Young People and Prevention of Sexual Misconduct and/or Child Abuse.

I freely execute this Acknowledgement with full knowledge of its content.

Signature of Parent if Participant is less than 18 years old
(Parents must also complete a medical release for all minors)

Date

NVJCYO BASKETBALL CODE OF CONDUCT

At No Time, May A Spectator:

- Approach an official, timekeeper or scorekeeper in a confrontational manner.**

- Enter the playing court area. Spectators are to remain in the bleachers.**

- Engage in unsportsmanlike conduct, including negative cheering, yelling or distracting during free throws, towards an opposing team's spectators, players or coaches.**

- Allow his/her young children to roam free or play pickup ball at any facility, including but not limited to the playing court, on top of or under bleachers, in hallways, foyers, restrooms, on stages, on Parish grounds or in parking lots.**

- Smoke, eat or drink in any gym.**

- Congregate in the playing area, near team benches, or in foyer areas of any gym after a game has completed.**

I/We have read the above code of conduct and I/we agree to abide by its terms. I/we am/are aware that failure to abide by the above terms may result in disciplinary action by the NVJCYO, which may include, but not be limited to, forfeiture of game(s) by my team's Parish, and/or revokement of my/our privilege to attend NVJCYO games.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Players Signature _____ **Date** _____

MEDICAL RELEASE FORM

As the parent/legal guardian of _____, I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.

Date of Birth

Date of last Tetanus Booster

Known allergies including any allergies to medicine (Continue on back of form if needed)

Any other medical problems which should be noted (Continue on back of form if needed)

Name of Parent/Guardian

Address

City/State/Zip

Phone Home

Work

Mobile

Person responsible for charges (if different from above)

Address

City/State/Zip

Phone Home

Work

Mobile

Person to notify if parent/guardian is unavailable

Phone Home

Work

Mobile

Family Physician Phone

Insurance Carrier & Policy Number

Signature of Parent

Date

Signature of Witness

Date