

## Parental/Guardian Consent Form

Athlete's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Program Name: Richmond RoundBall Spring League 2009

Please read the following and check the box listed below:

1. I consent to my child's participation in the program indicated above. I understand that there are certain risks associated with the program and I approve my child's participation in the program regardless of these risks.

Agree  Disagree

2. In the event that my child requires medical attention, I agree that my child be transported to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.

Agree  Disagree

3. I give permission for RoundBall Basketball to take and use photographs and videos of the above athlete's name for promotion and record purposes only.

Agree  Disagree

I have read and understood the above terms and accept to it's terms.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Please Print): \_\_\_\_\_

