

Parent/Guardian Release for Player Return to Play

I/We, the undersigned parent/legal guardian of _____, acknowledge the previous head contact incident occurring on _____. No further treatments and/or medical attention were needed and I/We hereby give permission for our child to participate in the basketball game.

I/We further understand that I/We hold Community Youth Council (CYC), its officers, agents, affiliates and employees, harmless from any and all liability or claims, individually and collectively, from and against all costs, losses, claims, demands, suits, payments and judgements, including legal and attorney fees, arising from personal or bodily injuries, property damage or otherwise, however caused, which may arise out of or in connection with my child's participation in this activity.

Player Name

Participating Team/Organization

Parent/Legal Guardian Name (PRINTED)

Head Coach Name (PRINTED)

Signature Parent/Legal Guardian

Signature Head Coach

Date

Date