



# CYC | PARENT/GUARDIAN RELEASE FOR PLAYER

## Return to Play (RTP) Authorization Form

I/We, the undersigned parent/guardian of ,

acknowledge the previous injury/ incident which occurred on said date:

No further treatment and/or medical attention was needed and I/we hereby give permission for our child to participate in the basketball game being played.

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.

### RETURN TO PLAY AUTHORIZATION:

*Must be signed by ALL parties below for listed player to return to play,*

Player Name (PRINT)
Parent/Guardian Name (PRINT)
Parent/Guardian Signature
Date Signed

Participating Organization   Team Name
Head Coach Name (PRINT)
Head Coach Signature
Date Signed

- Submit to League Director or Score Keeper prior to start of game
- If Medical Attention was required, please submit a Doctor's note as well