



Foster City Flyers
17th Annual Foster City Flyers Invitational Basketball Tournament
April 22 - 23, 2017

PLAYER/PARENT MEDICAL & LIABILITY RELEASE AGREEMENT FORM

It is clearly understood by the undersigned applicants and their parent(s) and or legal guardian(s) that Foster City Flyers, Tournament Officials, Coaches and Volunteers, all gym sites and their parent affiliations shall not be liable for any injury or loss sustained by the players while participating in the 16th Annual Foster City Flyers Basketball Tournament and any related activities.

IMPORTANT INFORMATION REGARDING CONCUSSIONS

On January 1, 2012, **AB 25**, a new law on **youth sports concussions** took effect in California.

If a player is suspected of sustaining a concussion or head injury during a game, the player **shall** be immediately removed from the game. Once a supervising referee/umpire, coach/assistant coach or facility coordinator determines that a player should be removed from a game based on a suspected or potential concussion or head injury, **no other coach, parent or involved individual may overrule this determination.**

Players who have been removed from a game because of a suspected or potential concussion or head injury, will not be allowed to resume **any** participation in the game until he/she has been evaluated by a licensed health care provider and has received full medical clearance to resume participation in the tournament games.

- Signing of this Player/Parent Agreement Form shall be considered a waiver of any claim for such injury or loss.
- Signing of this Player/Parent Agreement Form authorizes Foster City Flyers Tournament members, its agents, and officers to obtain medical treatment and services for their child when the parent(s) or legal guardian(s) are not present, and the parent(s) or legal guardian(s) agree to pay the fees and costs of such medical treatment and services.
- Signing of this Player/Parent Agreement Form holds responsible the parent(s) and or legal guardian(s) and their participating organization for any damages caused by their child or player(s) to the gym sites and hotels.
- Signing of this Player/Parent Agreement Form acknowledges that the player/parent(s) have received information concerning concussions and understands that if there is a question of a concussion, AB25 will be implemented.

All players/parent(s) must sign this waiver form in order to be eligible to participate in this tournament.

ORGANIZATION:	TEAM NAME:	BOYS <input type="checkbox"/>	GIRLS <input type="checkbox"/>
DIVISION - GRADE:			
CONTACT PERSON:	E-MAIL:	Cell #:	

	NAME OF PLAYER (Please Print)	JERSEY # (In ascending numerical order)	PLAYER SIGNATURE	PARENT OR GUARDIAN SIGNATURE	EMERGENCY PHONE #
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Original Signatures Required. Please keep a copy for yourself.