

TITAN GIRLS BASKETBALL CLUB

Parental Consent, release of liability, and authorization for medical treatment for:

_____ (athlete)

PARENTAL CONSENT AND RELEASE OF LIABILITY

I, the parent/guardian of the above-named athlete for participation in the Titan Girls Basketball Club, hereby give my consent for my daughter to participate in organized competitive basketball with the Titan Girls Basketball Club from November 2020 to August 2021.

In consideration of my daughter's participation in the program, I intend to be legally bound, do hereby by myself, my spouse, my daughter, heirs, executors, and administrators, waive, release, hold harmless, and forever discharge any and all legal rights and claims for damages which may have or which may have hereafter arise or accrue to the athlete listed above, against the Titan Girls Basketball Club, its coaches, agents, representatives, chaperones (parents), successors and/or assignees for any and all damages, which may be sustained and suffered by the athletes in connection with their play and/or association with Titan Girls Basketball activities, or which might arise out of traveling to and from, or participating in events under the sanction of and sponsored by the Titan Girls Basketball Club, including associated activities while away from home.

PARENTAL MEDICAL TREATMENT AUTHORIZATION

In the event of injury or illness to my daughter, I hereby grant to the coach, assistants, or assigned chaperones of the Titan Girls Basketball Club the authority to act in my/our behalf as temporary guardian/spokesman with my permission to obtain emergency medical treatment and/or hospitalization (including anesthesia and/or ambulance services) if deemed necessary for my daughter while participating in any club sponsored activity or game or while en route to and from or at the site of any sanctioned competition, game or practice. I understand that should a health emergency arise I will be notified, but if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized. In the event of any life threatening injury or concern, I hereby give my permission for immediate medical attention at the discretion of the coach or other adult chaperone as may be deemed appropriate.

Parent and/or Guardian Signature _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact _____

Home Phone _____ Work Phone _____ Cell Phone _____

PARENTAL AWARENESS FORM

Season: Fall 2020 –August 2021

1. I acknowledge awareness that my son/daughter has voluntarily decided to participate in this AAU-sponsored activity and that this activity is not associated with or sponsored by the Poway Unified School District.
2. I acknowledge that my son/daughter is medically qualified to participate in basketball and will inform all coaches of: A) Any limitations; B) Medication that are being taken; and C) any emergency instructions.
3. I am aware that the coaching staff will make every effort to contact me in case of emergency, but if unable to do so, that an ambulance could be called and paramedics could direct player to the closest medical facility.
4. I am aware that private vehicle transportation will be needed for my son/daughter to attend games and practices. I will take responsibility to have the proper amount of insurance coverage for my vehicle.

*It is recommended that all players travel to games with a parent who has the proper auto insurance coverage.

5. I acknowledge that, if my son/daughter travels to said activity on his/her own, he/she will drive alone.
6. If my son/daughter is unable to travel to said activity with a parent or drive alone, then he/she will ride with another player and it will be mutually agreed upon by all parents involved.

*Adequate car insurance requirements should be met in case of an accident.

Parent Signature

Date

Phone #

Emergency Contact # (Friend or Relative)

AAU MEMBERSHIP

To register for AAU Membership

Use Internet

Type in: www.aaugirlsbasketball.org

Click on JOIN AAU

Click on Individual membership – purchase a 2020-21 athlete membership

Type in the blanks with name, address, etc.

DROP DOWN SCREENS

Program:	YOUTH PROGRAM
Membership Fee:	Athlete Membership (Added Benefit for extended coverage - \$16.00)
Sport:	BW: Basketball – Girls

Club Name	Titans Girls Basketball
Club CODE:	WYE3DF

Click on *save and continue* and follow screen flow.

You will need a credit card to charge the \$16.00 AAU membership FEE.

****REMEMBER to print card and give a copy to Coach Trousdale.**