



Aggieland Homeschool Athletics (AHA) Basketball
Liability Waiver and Consent to Treat

As parent/legal guardian of the child(ren) named herein, I hereby give permission to Aggieland Homeschool Athletics Basketball, its officers, agents, trainers, coaches or volunteers to take whatever action is necessary for the health and welfare of my child, including consenting on my behalf to any and all medical treatments, procedures, operations and/or hospitalizations.

I further agree to indemnify and hold harmless Aggieland Homeschool Athletics, AHA Basketball, as well as its officers, agents, trainers, coaches, or volunteers from any and all liability, damage, or expense arising out of my child's participation in any AHA Basketball activity.

I understand there are inherent risks to participating in this athletic program. I hereby accept responsibility for and agree to pay any and all costs of medical treatment resulting from any injury suffered by my child as a result of his/her participation in the AHA Basketball program.

My consent to treat and release is valid for 1 year from date of signature.

Parent/Guardian Name (Print): _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Please provide all email addresses you'd like AHA Basketball information sent to:

Player's Name	Gender	Date of Birth	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any medical conditions or allergies we need to know about:

Emergency Contact Name: _____ Phone: _____
(if parent/guardian listed above cannot be reached)