LIABILITY RELEASE AND MEDICAL CONSENT

I, the undersigned, am the parent/guardian of player(s) listed below and I give him permission to participate in Big City Sports tournament. I also release Big City Sports and all its members and agents from any liability for injuries sustained while participating in this event or on these teams and traveling to and from all organization events.

I understand that there is some chance of injury while playing basketball.

I give Big City Sports, Inc. permission to seek emergency medical treatment for the above-named player in the even that he/she is injured while at the league and I am not available to give consent at the time when treatment is needed.

I understand that if there is no athletic trainer on site and if any serious injuries occur tournament staff will immediately call 911. Ice will be provided for minor injuries. Parents and/or coaches will make decisions on whether a player is well enough to participate after an injury.

TEAM NAME _____ Grade _____ Coach Signature _____

Player's Name	Parents Signature	Grade / Date of Birth