THE COURTNEY S. CROOMS
MEMORIAL GIRLS BASKETBALL TOURNAMENT
PLAYER/PARENT AGREEMENT/CONSENT FORM

Part 1. Student-Athlete Agreement **(to be signed by player).**

I have read and understand the tournament rules and know of no reason why I am not eligible to participate as a member of my team in this tournament. I agree to follow the rules of the tournament as a means of promoting good order and discipline within a competitive environment.

_____ _____ / _____
Name of Student-Athlete (printed) Signature of Student-Athlete Date

_____ _____
Name of Team Age Division

Part 2. Parental/Guardian Consent, Acknowledgement and Release

(to be completed and signed by all parents/guardians; where divorced or separated, parent/guardian with legal custody may sign.)

A. I/we hereby give consent for my/our child(ren) to participate in the Courtney S. Crooms Memorial Girls Basketball Tournament being held May 18th – May 20th 2012.

B. I/we acknowledge that there are risks involved in any athletic participation, understand that serious injury is possible in such participation and choose to accept responsibility for her safety and welfare while participating in the tournament. I/we release and hold harmless: The Courtney S. Crooms Foundation Inc, its officers/volunteers, Carl Rhodenizer Rec Center, Virginia Burton Gray Rec Center and/or any facility staff in support of this event of any liability or claim resulting from tournament participation and agree to take no legal action against them. I/we authorize emergency medical treatment for my child(ren) (should the need arise for such treatment) while competing in this tournament.

C. I/we grant The Courtney S. Crooms Foundation Inc. the right to photograph and/or videotape my/our child(ren) and to further use said child(ren)'s name, face, likeness, voice and appearance in connection with THIS tournament's, publicity, advertising and promotional materials ONLY.

D. I/we understand that the authorizations and rights granted herein are voluntary and that I/we may revoke any or all of them at any time by simply submitting notification to the Foundation in writing.

E. Please **INITIAL** the appropriate box(es):
____ My/our child(ren) is/are covered under our family health insurance plan.

____ My/our child(ren) is/are covered by her Team/School's activities medical base insurance plan.

____ I/we have currently have supplemental basketball insurance for my/our child(ren) through other means.

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I/WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

_____ _____ _____ / _____
Name of Parent/Guardian (printed) Signature of Parent/Guardian Date

_____ _____ / _____
Name of Parent/Guardian (printed) Signature of Parent/Guardian Date