

# DAYTON METRO CONFERENCE YOUTH BASKETBALL

## CHILD RELEASE AGREEMENT

I, the undersigned, being the parent and/or legal guardian of \_\_\_\_\_  
(Child's Name)  
a minor, understand the risks and possibility of physical injury associated with basketball, and in consideration of accepting my child for the Dayton Metro Conference Program and its activities, I hereby release, discharge and/or otherwise indemnify the Dayton Metro Conference, *all* its member programs including the Springboro Youth Basketball Association (SYBA), including the board members, all its facilities' owners and/or managers including the Springboro Community City Schools and *all* employees, sponsors and associated personnel of the SYBA, against any claim by or on behalf of my child as a result of my child's participation in the Dayton Metro Conference Youth Basketball Program and SYBA activities and/or being transported to or from same which transportation I hereby authorize.

NAME \_\_\_\_\_ (PRINT)  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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### CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of \_\_\_\_\_, I hereby give my  
(Child's Name)  
consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. (Failure to sign indicates that you do *not* give consent.)

NAME \_\_\_\_\_ (PRINT)  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_