



# Lakeview Basketball Association (LBA)

## Consent for Medical Treatment and Waiver Form.

Players full name: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Allergies: \_\_\_\_\_

The undersigned, as a parent/guardian of the minor child, give my permission for the player named above to play on the Lakeview Basketball Association (LBA) traveling team. I acknowledge that playing on the traveling team could lead to injuries because of the factors inherent in this type of activity. I accept the responsibility for any medical treatment and its expenses. I understand that the people associated with the LBA board, coaches, parents, and financial supporters are exempt from any liability or blame for any and all injuries, accidents and/or damages which might occur during ordinary course of the activity.

I authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment to be rendered to my minor child under the general or special supervision physician or surgeon licensed to practice in the healing arts, when the need for such treatment is immediate and when efforts to contact us are unsuccessful.

Parent Name (printed) \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_