

# 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 \_\_\_\_\_,  
(Program Name)  
managers including the \_\_\_\_\_, and *all* employees, sponsors,  
(Facilities' Owner/Manager)  
and associated personnel, 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 activities and/or being transported to or from same which transportation I hereby authorize.

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

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## CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of \_\_\_\_\_,  
(Child's Name)  
I hereby give me 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: \_\_\_\_\_ CELL: \_\_\_\_\_