



San Francisco
Enchantées



PLAYER MEDICAL & LIABILITY RELEASE AGREEMENT FORM

It is agreed by the undersigned applicants and their parent(s) and/or guardian that the San Francisco Enchantées, San Francisco Associates, its officers and members, team coaches, officials, the Japanese Cultural Community Center of Northern California, the San Francisco Unified School District, Schools of the Sacred Heart (Stuart Hall), El Camino High School, and St. Ignatius College Preparatory School shall not be liable for any injury or loss sustained by the player while playing, practicing, traveling and participating in the San Francisco Enchantées/San Francisco Associates 9th Joint Basketball Tournament to be held May 9-10, 2009.

By signing this Agreement Form, the signer waives any claim for any such injury or loss on his or her behalf, and on behalf of his or her heirs and assignees; and any claim for injury or loss on the player's behalf.

By signing this Agreement Form, the signer authorizes the San Francisco Enchantées and San Francisco Associates, its agents, members or officers to obtain medical treatment and services for their child or ward when the parent(s) or guardian is not present, and agree to pay for all fees and costs of such treatment and services.

TEAM NAME: _____ **DATE:** _____

DIVISION: _____ **CONTACT PERSON:** _____

	Name of Player	Signature & Consent of Parent(s) or Guardian	Telephone Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Return this form to your Division Coordinator by **April 10, 2009**.