



## PARENT CONSENT AND INSURANCE WAIVER

**By signing** below I grant permission for my son/daughter to participate in the Carolina Conquerors AAU Traveling Basketball Team practices, games, tournaments and other related activities as a team or participant. My child has no known medical conditions that would prevent him/her from participating in competitive, strenuous basketball activities.

**I release** the Single Women With Children, Inc and its program Carolina Conquerors AAU Traveling Basketball Team from any legal responsibility in the event of an accident, injury, or death involving my son or daughter while participating in **ANY** Carolina Conquerors events.

**If needed,** I give the Carolina Conquerors AAU Traveling Basketball Team permission to use my child's picture on material related to the Carolina Conquerors AAU Traveling Basketball Team and their events. This would include, but not limited to brochures, flyers, website, Facebook, Twitter, LinkedIn, etc.

**I will provide** transportation: YES\_\_\_NO\_\_\_. If I do not provide transportation, I give permission to allow my child to be transported by another adult to and from events that are approved by the Carolina Conquerors AAU Traveling Basketball Team **OR** if needed transported to a medical facility.

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NAME OF PLAYER\_\_\_\_\_ BIRTHDATE\_\_\_\_\_

ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_ STATE\_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NO \_\_\_\_\_ E-MAIL\_\_\_\_\_

SIGNATURE: MOTHER (legal guardian)\_\_\_\_\_ DATE\_\_\_\_\_

SIGNATURE: FATHER (Legal guardian)\_\_\_\_\_ DATE\_\_\_\_\_