LARCHMONT MAMARONECK TRAVEL BASKETBALL/MAMARONECK TRAVEL HOOPS, INC. 2026-2027 WAIVER FORM

Child's Name: _____

Address: _____ (Street,City,Zip)

School: _____ Grade:____ Birth Date:_____

Parent/Guardian's name: _____

Address: (if different from child's)_____

Primary Phone: _____ E-Mail Address:_____

IN CASE OF EMERGENCY PLEASE CONTACT

Name: _____ Phone:_____

Parental Permission and Acknowledgement of Conditions for Participation in Mamaroneck Travel Hoops Program

I. I/we, parent or authorized guardian of the child named above give permission for my/our child's participation in basketball activities as part of the Mamaroneck Travel Hoops, Inc. organization, including but not limited to transportation to and from games or practice sessions. I/we understand travel can be extensive.

2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from adult volunteers, including coaches and referees and other administrators.

3. I/we acknowledge and agree that this is a competitive travel sport and should my/our child be accepted on the team, continued membership and game playing time will be in the sole and absolute discretion of the coaches.

3. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in any sport activity, whether or not caused by the program volunteers and coaches or other participants.

4. I/we understand that children competing in sports programs risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by teammates, other persons or accidentally or intentionally self-inflicted, faulty equipment or facilities, conditions of recreational facilities where sports activities are held, vehicle accidents while in transport or through the activity itself. Protective equipment used in a sports activity is not a safeguard against injury.

5. I/we understand that participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness does exist.

6. I/we represent that my/our child does not have any pre-existing condition, illness, sickness, physical or mental condition or limitations which could be exacerbated by participating, and by participating and continuing to participate in each practice, game, or event, represent the same as of each such participation, and hereby agree to promptly notify the coaches and volunteers of any change in such condition.

RELEASE AND WAIVER of LIABILITY AND INDEMNITY AGREEMENT

ln consideration for being permitted to participate in the sports activities:

1. I/we release, waive, discharge and promise not to sue the volunteers, coaches, administrators associated with Mamaroneck Travel Hoops, Inc., including the Board of Directors thereof (hereafter referred to as "Releasees"), from all liability for any loss or damage, and any claim or demands therefor on account of any injury, including any serious or mortal injury, to the body, injury to psyche or property of the minor child, or undersigned parent or guardian.

2. I/we indemnify and hold harmless the Releasees from any loss, liability, damage or cost that may be incurred due to the presence of the minor child, parent or guardian in, upon or about the premises of the training and playing facilities or equipment, or while participating in any sports activities, whether caused by the negligence of Releasees or otherwise.

3. I/we confirm that the parent or guardian has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made. I have read this Agreement and understand everything written above.

Parent/Guardian: _____ _____ Date:_____

(Name – Please Print) Signature

THIS FORM MUST BE COMPLETED IN ORDER TO ATTEND THE TRYOUT AND PLAY THROUGHOUT THE 2026-27 SEASON