



# ATHLETE APPLICATION CONSENT AND RELEASE FORM

Sacramento Fury Girls Basketball Club  
www.SACFURY.net



<b>Club use only</b>
Program # _____ Athlete: _____ Fees Paid \$ _____ Date: _____

### Player Information:

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Years of experience \_\_\_\_\_ AAU experience \_\_\_\_\_

\_\_\_\_\_  
School/Grade Other sports played Other organization playing for

\_\_\_\_\_  
Mother Address Best Phone #

\_\_\_\_\_  
Father Address Best Phone #

\_\_\_\_\_  
Primary email contact Alternate email (if any)

\_\_\_\_\_  
Parent/guardian signature Athlete signature

\_\_\_\_\_  
Consent/Release Player Info Code of Conduct

### Athlete Consent and Release Form

This certifies that my daughter \_\_\_\_\_ may participate in competitive basketball with SAC FURY Girls Basketball Club.

I acknowledge and understand that by signing this form my (our) daughter's participation in any sports may result in serious injury i.e., fractured bones, head injury, spinal injury, or other serious permanent and disabling injuries.

I understand that the decision to allow my (our) daughter to participate in competitive sports is mine (ours) and I agree not to hold SAC FURY Girls Basketball Club or Sac Area Sports responsible for any expenses which may be incurred as a result as accidental death or bodily injury due to participation with our program.

In addition, in case of an emergency situation in which the parent/guardian(s) are not readily available, I (we) do authorize any member of the SAC FURY staff to exercise supervision, discipline and control over said athlete, and further authorize him/her to consent to any x-ray examination, anesthetic, medical or surgical diagnosis treatment and hospital care upon the advice of a physician or surgeon licensed under the provisions of the Medical Practice Act.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date