



ORANGE COUNTY ELITE Girls Basketball Club
www.ocelite.net oc-elite@hotmail.com 714-914-2336

Release of Liability

Parents/Guardians, please read, sign and date the following:

I agree to allow my child to participate in all Orange County Elite activities. I, the undersigned, do agree to hold harmless:

Orange County Elite Girls Basketball Club, Inc.
All coaching staff
Any practice or tournament facility used by Orange County Elite
Any and all others that are affiliated with Orange County Elite

of any and all claims for injuries, causes of action, or liability related to participation in these activities. I understand that girls basketball is of a competitive athletic nature and that injuries, possibly serious, may occur. In the event that I cannot be reached in an emergency and my child requires medical attention or other treatment, I hereby give permission to the physician selected by the Orange County Elite administration to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named in this Release of Liability form.

Player's Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: () - _____ Cell Phone: () - _____

Email: _____

Birthdate: ____ / ____ / ____ Grade: _____

School: _____

Level: Frosh/
 Soph JV Varsity

Parent's Name: _____

Signature: _____ Date: _____