



DeSoto Youth Basketball Team Roster

Team Name

Age Division

Gender

Print or Type Player's Name	Bonafide Residence (Street, City, State, Zip)	Email	Date of Birth	Parent/Guardian Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

In consideration of being allowed to participate in any way the City of DeSoto Youth Basketball League athletic/sports program, and related events and activities, the undersigned: 1. I understand that I and/or my child will be participating in the Activity sponsored by the City of DeSoto Parks and Recreation Department (the "City") which may involve group activities and/or contact sports in which social distancing measures may not be feasible. Such Activity may expose my child or me to infectious disease such as COVID-19 (coronavirus), MRSA, and Influenza or serious illness or injury which may result in death. 2. On behalf of my minor child and myself, our heirs, representatives and assigns, (collectively referred to as the "Undersigned Participants") I hereby release, indemnify, and hold harmless the City, its officers, agents, employees, contractors, third-party representatives, and invitees (collectively referred to as the "Releasees"), from any and all claims, damages, causes of action of any kind whatsoever, statutory or otherwise, for personal injury or illness, including death, property damage, lawsuits and judgments, including court costs, expenses and attorneys' fees, and all other expenses that the Undersigned Participants has, or might have, known or unknown, now existing or that might arise hereafter, directly or indirectly from the Undersigned Participants participation in the Activity, and from any direction or instruction by Releasees' personnel during periods of participation and from any acts or omissions by any third-parties, including risks and damages arising out of or related to my child's own negligent acts or omissions. 3. I understand and agree that execution of this Waiver and Release of Liability shall not constitute a waiver by the City of the defense of Governmental Immunity, or to defenses predicated on any Texas Statute or any other defense recognized by the courts of this State, in law or in equity. 4. I represent and warrant that my child and I are in good health, free from any physical illness, condition, disease, or limitation.

I do hereby state that all of the information on this form is true and correct. I am aware that falsification of information given on this form is grounds for the removal of the above named participant from DeSoto Youth Basketball athletic/sports program, and that their team shall forfeit each activity that he/she participates.

I do hereby state that all of the information on this form is true and correct. I am aware that falsification of information given on this form is grounds for the removal of the above named participant from DeSoto Youth Basketball athletic/sports program, and that their team shall forfeit each activity that he/she participates.

PHOTOGRAPHY WAIVER: Pictures may be taken of my child while participating in the City activities and may be used for program publicity. If you do not concur please contact the Parks and Recreation Department.

AUTHORIZATION OF CONSENT TO MEDICAL TREATMENT OF A MINOR

I (We), the undersigned parent(s) of the participant mentioned above, a minor, do hereby authorize all representatives of the City of DeSoto as agent(s) for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and rendered under the general or special Provision of any physician and surgeon licensed under the provisions of the Medical Practice Act or the medical staff of any accredited hospital, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

IN CASE OF AN EMERGENCY, IF WE ARE UNABLE TO CONTACT EITHER PARENT, PLEASE PROVIDE THE NAME AND PHONE NUMBER OF A RELIABLE FRIEND OR RELATIVE:

It is understood that effort shall be made to contact the undersigned Parent/Guardian PRIOR to the rendering of treatment to the patient but that none for the above treatment shall be withheld if the undersigned cannot be reached. This authorization shall remain effective through March 31, 2024 unless sooner revoked in writing and delivered to said agent(s).