

# CCCI 30 Hour Famine Basketball Tournament

March 20, 2010 4 pm-8 pm

## Guidelines

1. Respect the property
2. Respect the players
3. Respect the leaders
4. Follow the Rules

## Medical

Emergency Contact Name \_\_\_\_\_

Relationship to Youth \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Medical conditions or allergies? \_\_\_\_\_

\_\_\_\_\_

## Guidelines and Medical Agreement

I understand and will adhere to the guidelines.

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event that I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed.

I understand all reasonable safety precautions will be taken at all times by the Chinese Community Church of Indianapolis and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Chinese Community Church of Indianapolis or the Hamilton County Parks Department, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

\_\_\_\_\_  
Name of Youth

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature of Youth (if over 18 years of age)

\_\_\_\_\_  
Phone

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

\_\_\_\_\_  
Date