



# The Riverside Hawks Player Profile

Team \_\_\_\_\_ Coach(es) \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

## Parent/Guardian Information:

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

## Education Information:

School now attending \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## **The Riverside Church Athletic Program Parental Consent Form**

Consent is hereby given by the undersigned for the participation of \_\_\_\_\_ in a basket ball tournament(s) listed below or appended hereto. Travel plans and contract telephone numbers are set forth below.

The athlete will be provided with transportation, room and meals. All other expenses, including travel to and from the church and incidental expenses are the responsibility of the athlete. You are also required to provide the following release, which is given for the benefit of The Riverside Church, The Riverside Hawks Athletic Program, officers, directors, coaches and other officials of each of these organizations.

As a parent or guardian, you release The Riverside Church, The Riverside Hawks Athletic Program, their respective coaches and officials from any and all responsibility, coast and/or liability in respect of any injury or accident which may occur during any game, trip or tournament in which the athlete may participate with The Riverside Hawks Athletic Program. Medical insurance is the responsibility of the athlete and his/her family although we purchase on the athletes behalf medical insurance to the extent offered by the tournament(s). In addition, you agree to be fully responsible for any damage, which the athlete may cause during the tournament.

If required, you hereby authorize the coaches to provide and authorize medical treatment to the extent deemed appropriate by licensed medical persons without risk of liability, and to execute any required releases on the undersigned's behalf.

This is an outstanding opportunity for the participating athletes and we hope that each parent and/or guardian and coach will make the participating athlete aware of that fact and will urge him/her to act accordingly.

Consented to:

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

By: \_\_\_\_\_  
Mark Jerome, Executive Director

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**Going to:**  
**Departing From:**  
**Hotel/Lodging:**  
**Contact Coach:**  
**Returning:**

**The Riverside Church Athletic Program  
Participant/Parent or Guardian Release Waiver and Form**

**Release:** In consideration of my acceptance into and/or continued participation in The Riverside Church Athletic Program, I, the undersigned, together with my Parents/Guardian (collectively, I, me, myself, the undersigned) my heirs, executors, and administrators waive, release and forever discharge any and all rights and claims or causes of actions for damages or otherwise which I may have or may hereafter accrue against The Riverside Church Athletic Program or The Riverside Church, its trustees, officers, employees, coaches and representatives for any and all injuries of whatever nature, physical or otherwise suffered by me at, through or resulting from my participation in said program, including games, practices and travel.

**Further:** I hereby agree to indemnify, defend and save harmless The Riverside Church Athletic Program and The Riverside Church, its trustees, officers, employees, coaches and representatives from any liability, damage, expense, cause of action, suits, claims or judgments arising from injury to person or property or otherwise which arise directly or indirectly out of the act, failure to act or negligence in connection with the participation in the activities and programs which are the subject of this Release.

If required, you are hereby authorizing the coaches to provide and authorize emergency medical treatment to the extent deemed appropriate by licensed medical persons with our risk of liability, and to execute any required releases on the undersigned's behalf.

I attest that I am physically fit to participate in these activities. I am hereby being advised that the Athletic Program and The Riverside Church have no medical insurance for my benefit.

Dated: New York, New York

\_\_\_\_\_ 20\_\_\_\_

1. Please list any allergies or existing medical conditions:

\_\_\_\_\_

2. Insurance Company and Policy Number for transmittal to any care provider

\_\_\_\_\_

**Check one of the following:**

3. If medical attention is necessary, please treat immediately, then contact parent/guardian \_\_\_\_\_

4. Call parent/guardian first, then treat \_\_\_\_\_

**THIS RELEASE AND WAIVER SHALL APPLY TO AND REMAIN IN FULL FORCE AND EFFECT FOR ALL EVENTS OCCURING WHILE THE UNDERSIGNED PARTICIATED AND/OR PARTICIPATES IN THE PROGRAM.**

\_\_\_\_\_  
*Name of Participant (PLEASE PRINT)*

\_\_\_\_\_  
*Signature of Participant*

\_\_\_\_\_  
*Name of Parent/Guardian (PLEASE PRINT)*

\_\_\_\_\_  
*Signature of Parent/Guardian*

Home Phone ( ) \_\_\_\_\_

Office: ( ) \_\_\_\_\_