

# DePAOLO DVRHS BASKETBALL

## Offseason Workouts

Player's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_  
Telephone \_\_\_\_\_ School \_\_\_\_\_  
Emergency Contact/Phone # \_\_\_\_\_  
Allergies/Health Concerns \_\_\_\_\_

### **PERMISSION TO PARTICIPATE**

IT IS ASSUMED THAT THE APPLICANT IS A NORMAL, HEALTHY STUDENT AND CAN PARTICIPATE IN ALL REGULAR BASKETBALL RELATED ACTIVITIES UNLESS STATED IN WRITING PRIOR TO THE CLINIC TO THE COACH UPON EVENT.

REALIZING THAT SUCH ACTIVITY INVOLVES THE POTENTIAL FOR INJURY WHICH IS INHERENT IN ALL SPORTS, I ACKNOWLEDGE THAT EVEN WITH THE BEST COACHING, USE OF PROTECTIVE EQUIPMENT AND STRICT OBSERVANCE OF RULES, INJURIES ARE STILL A POSSIBILITY. ON RARE OCCASIONS THESE INJURIES CAN BE SO SEVERE AS TO RESULT IN TOTAL DISABILITY, PARALYSIS OR EVEN DEATH. I ACKNOWLEDGE THAT I ASSUME ALL RESPONSIBILITY AND EXPENSE THROUGH MY OWN INSURANCE COMPANY.

I GIVE PERMISSION FOR EMERGENCY TREATMENT FOR INJURIES SUSTAINED IN ANY ATHLETIC EVENT, AT THE PLACE OF INJURY, AT THE DISCRETION OF THE ATTENDING PHYSICIAN OR EMERGENCY MEDICAL PERSONNEL WORKING UNDER SUPERVISION.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Any questions? E-mail Coach DePaolo: [michaeldepaolo@dvrhs.k12.nj.us](mailto:michaeldepaolo@dvrhs.k12.nj.us)

---

Parents, please keep a copy of this sheet for your own personal records.

### **PERMISSION TO PARTICIPATE**

IT IS ASSUMED THAT THE APPLICANT IS A NORMAL, HEALTHY STUDENT AND CAN PARTICIPATE IN ALL REGULAR BASKETBALL RELATED ACTIVITIES UNLESS STATED IN WRITING PRIOR TO THE CLINIC TO THE COACH UPON EVENT.

REALIZING THAT SUCH ACTIVITY INVOLVES THE POTENTIAL FOR INJURY WHICH IS INHERENT IN ALL SPORTS, I ACKNOWLEDGE THAT EVEN WITH THE BEST COACHING, USE OF PROTECTIVE EQUIPMENT AND STRICT OBSERVANCE OF RULES, INJURIES ARE STILL A POSSIBILITY. ON RARE OCCASIONS THESE INJURIES CAN BE SO SEVERE AS TO RESULT IN TOTAL DISABILITY, PARALYSIS OR EVEN DEATH. I ACKNOWLEDGE THAT I ASSUME ALL RESPONSIBILITY AND EXPENSE THROUGH MY OWN INSURANCE COMPANY.

I GIVE PERMISSION FOR EMERGENCY TREATMENT FOR INJURIES SUSTAINED IN ANY ATHLETIC EVENT, AT THE PLACE OF INJURY, AT THE DISCRETION OF THE ATTENDING PHYSICIAN OR EMERGENCY MEDICAL PERSONNEL WORKING UNDER SUPERVISION.