

**PLEASE READ AND SIGN THE AUTHORIZATION AND RELEASE FORM AND RETURN IT WITH YOUR PERSONAL INFORMATION SHEET TO: Chadron State College Attn: Athletics 1000 Main St. Chadron, NE 69337**

## **Chadron State CSC Hoop Shoot 2018 Tournament Authorization and Release Form**

*Note: In order for your child to participate in the Chadron State CSC Hoop Shoot 2018 on March 23-25, 2018, this form must be completed, signed and returned to the College prior to the first day of camp.*

\_\_\_\_\_  
Child's Printed Name

\_\_\_\_\_  
Child's Date of Birth

### **Authorization**

I authorize and give my consent for any licensed medical provider or athletic trainer to provide medical treatment, emergency services or assistance to my child related to his/her participation in Chadron State CSC Hoop Shoot 2018. I agree to assume all costs related to such treatment, services or assistance.

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

### **Release**

I give permission for my child (*identified above*) to participate in the Chadron State CSC Hoop Shoot 2018. I assume all risks of accident or injury that may result from his/her participation in this activity. I release the Nebraska State Colleges, the Board of Trustees of the Nebraska State College, Chadron State College, and all officers, employees, agents, volunteers, and participants from liability including, but not limited to, legal claims and suits for any injury, damage or loss (personal or property) resulting from his/her participation in this activity.

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

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

Division \_\_\_\_\_

Team Name \_\_\_\_\_

Please fill out for each player and email all team member forms together to [graymer@csc.edu](mailto:graymer@csc.edu).