



**Participant Information**

1. Last Name \_\_\_\_\_ 2. First Name \_\_\_\_\_  
3. Gender Male Female 4. Birth Date (month/day/year) \_\_\_\_\_  
5. Street Address (number and street) \_\_\_\_\_ apt # \_\_\_ Zip code \_\_\_\_\_  
6. Ethnicity American Indian Asian (Non-Hispanic) Black (Non-Hispanic)  
Hispanic/Latino Pacific Islander White (Non-Hispanic)  
Other  
7. Primary Language \_\_\_\_\_

**Emergency Contact Information**

Persons authorized by you to be contacted in case of emergency.

8. Emergency Contact Name: \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Phone Number \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_  
9. Emergency Contact Name: \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Phone Number \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_

**Health History**

10. Are you or any member of your household covered by Medicaid, Child Health Plus, Family Plus or private medical insurance?  Yes  No

If no, do you want to be contacted with information about public health insurance programs?  Yes  No

Please list any allergies or health issues that we should be made aware of in case of emergency:




THE METRO HAWKS ATHLETIC CLUB

Participant/Parent or Guardian Release and Waiver Form

RELEASE: In consideration of my acceptance into and/or continued participation in The Metro Hawks Athletic Club, I the undersigned, together with my Parent/Guardian (collectively, I, me, myself, the undersigned) my heirs, executors, and administrators waive, release and forever discharge any and all rights and claims or action for damages or otherwise which I may have or may hereafter accrue against The Metro Hawks Athletic Club or The Metro Hawks, 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 Metro Hawks Athletic Club and The Metro Hawks, 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 medical treatment to the extent deemed appropriate by licensed medical persons without the 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 Program and the Metro Hawks has no medical insurance for my benefit

Dated: New York, New York

\_\_\_\_ / \_\_\_\_ /2008

- 1. Please list any allergies or existing medical conditions:
2. Insurance Company & Policy Number for transmittal to any care provider:
3. If medical attention is necessary, please treat immediately, than contact parent/guardian. Call parent/guardian first, and then treat.

THIS RELEASE AND WAIVER SHALL APPLY TO AND REMAIN IN FULL FORCE AND EFFECT FOR ALL EVENTS OCCURRING WHILE THE UNDERSIGNED PARTICIPATED AND/OR PARTICIPATES IN THE PROGRAM, AND SHALL BE CUMULATIVE WITH ALL OTHER RELEASES GRANTED.

Name of Participant (print)

Signature of Participant

Name of Parent/Guardian (print)

Signature of Parent/Guardian

Home Telephone ( )

Office or Cell ( )

Metro Hawks Athletic Club, INC.

Parents Consent Form

Consent is hereby given by the undersigned for the participation of \_\_\_\_\_, in a basketball tournament(s) with The Metro Hawks Athletic Club, INC.

The athlete will be provided with transportation, room and board. All other expenses, including travel to and from the departure point and incidental expenses, ticket changes are the responsibility of the athlete. You are also required to provide the following release, which release is given for the benefit of The Metro Hawks Athletic Club, INC, the sponsors, and the officers, director, coaches and other officials of each of these organizations.

As parents or guardian, you release The Metro Hawks Athletic Club INC, their sponsors, tournaments, gyms, and the officers, directors, coaches and officials of each of these organizations from any and all responsibility, cost and/or liability, in which the Athlete(s) may participate with The Metro Hawks Athletic Club. Medical insurance is the responsibility of the Athlete and his family. In addition you agree to be fully responsible for any damage, which the athlete may cause during the tournament, travel or practices or at anytime while with the team.

If required, you hereby authorize the coaches to provide and authorize medical treatment to the extent deemed appropriate by licensed medical persons without the 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 expect that each parent, guardian and coach will make the participating athlete aware of that fact will require him to act accordingly. Proper language, dress, demeanor, and respect for others are required.

Very truly yours,

The Metro Hawks Athletic Club, INC.