



TIGARD BASKETBALL ASSOCIATION

PLAYER MEDICAL INFORMATION AND RELEASE FORM

Player Information

NAME: _____

DATE OF BIRTH: _____ / _____ / _____

CURRENT PHYSICAL OR MEDICAL CONDITIONS: _____

CURRENT MEDICATIONS: _____

ALLERGIES: _____

Parent Information

MOTHER/GUARDIAN'S NAME: _____

FATHER/GUARDIAN'S NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

Participation Agreement and Medical Release:

My child has my permission to participate in the Tigard Basketball Association (TBA) program, and to participate in photographs taken for publicity purposes. Furthermore, participation in TBA requires the ability to: run, jump, and exercise. Additionally, participation requires the capacity to understand the rules of the game. If your child has a current condition that limits his/her ability to participate in an activity please contact a TBA board member.

CERTIFICATION OF PHYSICAL CONDITION AND MEDICAL CONSENT:

I certify to the best of my knowledge, my child has no physical or mental conditions that prohibit him/her from participating in TBA activities. By signing below, I hereby consent to any emergency medical treatment as approved by his/her coaches or other persons associated with TBA in case of illness or injury while participating in all levels of play, practice, travel or any other TBA activities. I fully release TBA, its board members, and persons associated with TBA from and against any claim, demand or liability.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE: _____