



Player Name _____ DOB _____

Address/City/Zip _____

Contact Numbers _____

Email(s) _____

Parent Name(s) _____

Emergency Contact _____ # _____

Current School _____ Grade _____

2014-15 School _____ Ht _____ Wt _____

Position _____

MEDICAL CONDITIONS / TREATMENTS / MEDICATIONS

MTYB - 2014 Basketball Season

PARENTAL RELEASE

I hereby give approval for the participation of my child in any and all Middle TN Youth Basketball (MTYB) activities and assume all risks and hazards incidents to such participation, including transportation to and from all activities. I waive, release, absolve, indemnify and agree to hold harmless MTYB, affiliated associations, organizers, officers, coaches, parents, participants and officials from any claim arising out of injury to my child. I hereby give permission for MTYB to obtain medical services for my child in case of medical emergency or injury. I declare that my child is physically fit and has the skill level required to participate in this particular event. I also understand that my child may be required to leave the program should my child or I exhibit undesirable conduct. I further grant released parties the right to photograph and/or video tape me or my child and further to use my or my child's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation. The released parties are, however, under no obligation to exercise said rights herein granted.

Signature: _____ Date: _____
Parent or Guardian