

# PLAYER WAIVER & RELEASE OF LIABILITY FORM

Parents/guardians must complete and sign this form before a player can participate in any Titans Basketball Club activities.

## PLAYER INFORMATION

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION (IF UNDER 18)

Full Name: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## MEDICAL INFORMATION

Does the player have any medical conditions? Yes  No

If yes, please specify: \_\_\_\_\_

Allergies: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

## ASSUMPTION OF RISK

I understand that participation in basketball involves risks including injury, falls, and accidents.

I voluntarily accept these risks. Yes  No

## RELEASE OF LIABILITY

I release Titans Basketball Club, its coaches, staff, and affiliates from any liability arising from participation.

I agree to this release. Yes  No

**MEDICAL CONSENT**

I authorize the club to seek medical treatment in case of emergency. Yes  No

**CODE OF CONDUCT**

The player agrees to respect coaches, teammates, and follow all rules. Yes  No

**MEDIA CONSENT**

I grant permission for use of photos/videos for promotional purposes. Yes  No

**SIGNATURES**

Player Name: \_\_\_\_\_

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete the document and send to [info@tsa1.ca](mailto:info@tsa1.ca)