

2022 OWACA BASKETBALL PARTICIPATION PARENT CONSENT FORM

Player's Name: _____

Address: _____

City: _____ Zip: _____

Phone #: (_____) _____ 2nd Phone (_____) _____

Date of Birth: _____ Age: _____

School: _____ Grade: _____

Parent/Guardian:

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone (_____) _____ Cell/Pager (_____) _____

Daytime Phone (_____) _____

I the undersigned give permission for _____ {name of player} to play basketball for _____ Church in the OWACA 2022 Basketball Spring Tournament. I declare that he/she is physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent his/her participation in the program. I acknowledge that I have been advised to arrange for a physical examination by a physician for him/her before he/she participates in the program. In consideration of allowing him/her to participate in the program and OWACA reliance on my representations, I hold OWACA harmless for any physical condition impacting the player's ability or well being and waive, release and forever discharge OWACA and its officers, agents, employees and representatives all responsibilities or liabilities from injuries or damages of any kind resulting from his/her participation in or association with the program. I hereby give my consent to OWACA designated event personnel to provide or authorize, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of the player's participation in the event. He/She has not graduated from high school and will not become nineteen years of age before May 30, 2022. I also authorize OWACA and its affiliates to utilize any photo of my child taken in the course of an OWACA activity to be utilized for the organization's publicity purposes.

I declare that the above statement is true.

Signed: _____

Parent/Guardian's Signature

Date: _____

Coach's Signature

Date: _____