



UNITED STATES BASKETBALL ASSOCIATION
Parental Consent and Insurance Waiver

By signing below I grant permission for my son/daughter to participate in the United States Basketball Association (USBA). My child has no known medical conditions that would prevent them from participating in competitive, strenuous basketball activities.

I release the United States Basketball Association (USBA), and their officers from any legal responsibility in the event of an accident, injury, or death involving my son or daughter while participating in ANY USBA sanctioned event.

If needed, I give USBA permission to use my child's picture on material related to USBA, and their events. This would include, but not limited to brochures, flyers, website, etc.

Name of Player: _____ Birthdate: ____/____/____

Address: _____

City: _____ St. _____ Phone _____

E-mail address: _____

Signed: Mother(Legal Guardian) _____ Date ____/____/____

Father(Legal Guardian) _____ Date ____/____/____

Coaches Note: A waiver must be completed for every player and be in your possession at all USBA tournaments. Tournament officials will check for all forms. You DO NOT need to send these to the USBA office.