

# TNBL Taunton Neighborhood Basketball League

13 and Under \_\_\_\_\_

16 and Under \_\_\_\_\_

19 and Under \_\_\_\_\_

Name \_\_\_\_\_

Birth Date \_\_\_\_\_

School \_\_\_\_\_

Age \_\_\_\_ Sex \_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

E-Mail address \_\_\_\_\_

Father's Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Other emergency Contacts:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Your signature on this form signifies that you are aware of the content of this league and the inherent risk of injury and approve of your child participating and will not hold the **City of Taunton, Taunton Parks and Recreation, Taunton High School, Massachusetts Youth Committed to Winning (MYCW) and Healthy Bodies Strong Minds Inc. (HBSM)** and its staff responsible for any injuries sustained as a result of participating in this league. By signing this you also allow for pictures/videos of your child to be used in promotional materials for **TNBL, MYCW and HBSM**

## MEDICAL INFORMATION:

Does this child have any health problems that require medication?

\_\_\_\_\_ If Yes, provide a detailed explanation on the bottom of this form. List name of condition, name of medication, medication schedule of doses, and/or other needs.

Is your child allergic to any foods or any medications? \_\_\_\_\_ If yes, provide a detailed explanation on the bottom of this form.

## INSURANCE INFORMATION:

Insurance Provider \_\_\_\_\_

## MEDICAL RELEASE

Should emergency medical treatment be necessary during this activity, I hereby grant consent to **TNBL** staff to seek the following medical treatment to my child: medical or surgical examination, any anesthetic, and treatment of any medical need diagnosed by a duly licensed nurse, physician or surgeon. This consent is given in advance of any specific diagnosis.

**PARENT:** Do you give permission for your child to be treated for injuries or illnesses during this activity? \_\_\_\_\_ please write "yes." (Should injury or illness occur we will make every effort to contact you, but we need your permission to treat minor problems and medical emergencies.)

**PARENT/LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_ Date: \_\_/\_\_/\_\_

(Your signature signifies that you are aware of and agree to the content of this league.

Your signature signifies approval for your child to attend and participate in this league according to the information given. Your signature also gives approval for the approved league staff to seek medical treatment in the event of a medical emergency.)