

Tarkanian Basketball Academy Club Teams Registration Form

Participant Last Name _____ First _____

Parent Name (1) _____ Parent Name (2) _____

Home Address _____ City _____ ST _____ Zip _____

Home Phone _____ Cell _____ Wk _____

Email _____ School _____ Grade _____

Age _____ D.O.B. _____ Gender _____ Uniform Number (top 3 choices) _____ / _____ / _____

Jersey/T-shirt Size YS YM YL AS AM AL AXL AXXL .

Starter Kit \$125 _____ Monthly Fee \$100 _____

If a player (or parent) decides to quit there will be no refund. A partial refund will be provided only for medical or family emergencies which are supported by documentation. The partial refund will be based upon percentage of weeks attended during the Session.

There is an extra fee for all non-TBA leagues and tournaments. The cost of which will be prorated for each child.

Payment: Check# _____ Cash _____ Visa/MC/Discover _____ Exp _____

Signature for Credit Card Charge _____

TARKANIAN BASKETBALL ACADEMY WAIVER

I, the undersigned acknowledge the inherent risk involved in basketball and activities conducted on hardwood floors and all sports related thereto. According, in consideration of being allowed to participate in any activities and/or other activities at the Tarkanian Basketball Academy or any other assigned venues, I agree to the following: (1) I acknowledge and fully understand that I will be engaging in activities that involve risk of injury; (2) I agree that prior to participation in any activity that I will inspect the competition area and all equipment to be used. If I determine that anything related to that activity is unsafe, I will immediately advise my coach or an official of the venue of this unsafe condition and will not participate until the condition is corrected; (3) I agree to assume all the foregoing risk and accept personal responsibility for my own damages following such injury, permanent disability or death. I release, waive, discharge and covenant not to sue licensor, Tarkanian Basketball Academy and all respective agents, affiliates, associates, officers, directors, owners and employees (collectively releases) from demands, losses or damages on account of any injury, death or damages to property, caused or alleged to be caused in whole or in part by my actions. I, the undersigned parent or legal guardian have read the attached waiver and releases and agree to its terms on behalf of my child and myself. I understand that by signing below I am giving up substantial rights on behalf of my child and myself.

Print name of parent/legal guardian

Signature of parent/legal guardian

Date

AUTHORIZATION AND CONSENT FOR MEDICAL TREATMENT

This Authorization And Consent For Medical Treatment will be effective commencing on the date of execution shown below. I/we the undersigned parent, parents or legal guardian of the minor named below, do hereby authorize in the event of an injury, accident, or illness, Tarkanian Basketball Academy, and their respective coaches, representatives, and directors to seek and obtain care and medical treatment as necessary under the circumstances, including transportation of the minor to an appropriate medical facility. On behalf of said minor, I/we hereby authorize and direct, Tarkanian Basketball Academy and their respective coaches, representatives and directors to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable and rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act, of a dentist licensed under the provisions of the Dental Practice Act, and on the staff of any general hospital holding a current license to operate a hospital from the State Department of Public Health or its equivalent. This authorization is effective whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of Tarkanian Basketball Academy and their respective coaches, representatives, directors to give specific consent to any and all such diagnosis and treatment which in the exercise of his or her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned before rendering treatment to the patient, but emergency treatment will not be withheld if the undersigned cannot be reached in a timely manner. I also agree that this authorization to treat shall be valid in any state where such treatment is rendered. I also agree that if English is not my first language that I have sought out someone to translate this form to me and agree that by my signature that I have read and understood the document.

I am the parent/legal guardian of the participant and minor listed below and have the authority to make this agreement on behalf of the participant. A photocopy of this Authorization will have the effect as the original (signatures below).

The health insurance provider for my minor child is _____, policy # _____, phone number _____. (Attach copy of both sides of minor's insurance card if possible). I authorize coaches or representatives of Tarkanian Basketball Academy to provide the foregoing insurance information to any health care provider rendering care to the minor, and further authorize said parties to make financial commitments on my behalf as are necessary to procure emergency services that are not covered by my, or the minor's, health insurance.

Print name of athlete

Signature of athlete

Date

Print name of parent/legal guardian

Signature of parent/legal guardian

Date