

PHILIPPINE BASKETBALL ASSOC INC.(PBA Chicago)

REGISTRATION/WAIVER FORM

STEP1: Responsible Party/Team Manager/Captain (please print clearly) TEAM NAME: _____

First name: _____ Last name: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

STEP2: Player Enrollment (for minors, have a parent or guardian sign)

First name	Last name	Phone	Sex	Date of birth	Signature/waiver(see STEP4)
1. _____	_____	(____) _____ - _____	_____	____/____/____	_____
2. _____	_____	(____) _____ - _____	_____	____/____/____	_____
3. _____	_____	(____) _____ - _____	_____	____/____/____	_____
4. _____	_____	(____) _____ - _____	_____	____/____/____	_____
5. _____	_____	(____) _____ - _____	_____	____/____/____	_____
6. _____	_____	(____) _____ - _____	_____	____/____/____	_____
7. _____	_____	(____) _____ - _____	_____	____/____/____	_____
8. _____	_____	(____) _____ - _____	_____	____/____/____	_____
9. _____	_____	(____) _____ - _____	_____	____/____/____	_____
10. _____	_____	(____) _____ - _____	_____	____/____/____	_____
11. _____	_____	(____) _____ - _____	_____	____/____/____	_____
12. _____	_____	(____) _____ - _____	_____	____/____/____	_____
13. _____	_____	(____) _____ - _____	_____	____/____/____	_____
14. _____	_____	(____) _____ - _____	_____	____/____/____	_____
15. _____	_____	(____) _____ - _____	_____	____/____/____	_____

****Are there any medical conditions we should be aware of?** ☐ No ☐ Yes, if yes, what? _____

STEP3: Fee/Payment

Team fee: \$ _____ Paid: \$ _____ ☐ Cash ☐ Zelle to: pbachicago23@gmail.com

STEP4: Waiver/Please review and sign

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK Please read this form carefully and be aware that in signing up and participating in this program(s), you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program(s) (including transportation services and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in this program(s), and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program(s) against the Philippine Basketball Assoc Inc., including its officials, agents, volunteers and employees. I have read and fully understand the above waiver and release of all claims and assumption of risk. If registering on-line, acceptance of on-line waiver shall substitute for and have the same legal effect as an original form signature.

PARTICIPATION WILL BE DENIED If the signature of adult participant or parent/guardian are missing.

Photos authorization: We may from time to time take photos of participants during camps and games. You authorize PBA Chicago to use those photos for the PBA Chicago website, social media, and print materials.

Signature (18 years or older/Team Manager/Captain)

Date

Please email the completed form to: pbachicago23@gmail.com or submit to one of the PBA Chicago officials.