

# New Plymouth Basketball Association

## Consent Form

Your Son/Daughter \_\_\_\_\_ has been selected in the NPBA Under \_\_\_\_\_ age group team to compete in the \_\_\_\_\_ Tournament at \_\_\_\_\_ from \_\_\_\_\_

Your son/daughter must abide by the NPBA Code of Conduct at all times, a copy is attached.

I agree to the above conditions and give my consent for \_\_\_\_\_ to compete in the team.

Signed by Parent/Caregiver \_\_\_\_\_ Date \_\_\_\_\_

Parents / Caregiver Name: \_\_\_\_\_

Address : \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Other Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Consent Form

Player Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

### Relevant Information & Medication

Diabetic Y/N

Asthma Y/N

Migraines Y/N

Allergies Y/N (list) \_\_\_\_\_ Allergy to Antibiotics Y/N

Any other Relevant Information:

Do you have any objections to treatment being sort for your daughter/son, if required during the above tournament and trip? Y/N. I agree to pay any cost incurred for this treatment. Y/N

Sign By Parent Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

### Uniform Replacement Consent

I agree to pay NPBA the replacement cost of any part of the uniform my child has damaged or lost.

Signed By Parent/Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

### Insurance Policy

I agree to pay any Insurance Excess if my child damages or vandalises any property.

Signed By Parent /Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form to the team manager.**