

**BAS Youth Cup Indemnity Form (Under 18)**

Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event: \_BAS Youth Tournament

Player’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INDEMNITY AGREEMENT

I, the undersigned, being the parent/legal guardian of the above-named minor, hereby permit for my child to participate in basketball activities organized by the Basketball Association of Singapore.

I acknowledge and understand that participation in basketball, whether in practices, games, tournaments, or travel, involves inherent risks, including but not limited to physical injury, property damage, and, in rare cases, death.

In consideration of my child being allowed to participate:

1. I voluntarily assume all risks associated with participation.

2. I hereby release, discharge, and hold harmless the Basketball Association of Singapore (BAS), including its coaches, managers, volunteers, officials, and affiliated organisations, from all liability, claims, demands, actions, or causes of action arising out of or in connection with any loss, damage, or injury that may be sustained by my child/ward during his/her participation in any activities or events organised by BAS.

3. I confirm that my child is physically fit to participate in basketball activities.

4. I authorize the Basketball Association of Singapore to seek emergency medical treatment for my child if necessary. I understand that any medical costs incurred will be my responsibility.

# MEDICAL INFORMATION

(Please provide details of any medical conditions, allergies, or medications)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Name/ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PARENT/GUARDIAN ACKNOWLEDGEMENT

By signing below, I confirm that I have read and understood the terms of this Indemnity Form and voluntarily agree to its provisions.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_