

**BAS NBL Div 3 Indemnity Form (Under 18)**

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

Event: \_BAS Men NBL Div 3 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 give permission for my child to participate in basketball activities organized by 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 release, discharge, and hold harmless Basketball Association of Singapore., its coaches, managers, volunteers, officials, and affiliated organizations from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury that may be sustained by my child during participation.

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

4. I authorize 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)

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_