

**West Linn-Wilsonville Youth Basketball Association
Consent and Release Form**

Participant Information

Name _____
Address _____
City _____ State _____ Zip _____
School _____ Grade _____ Gender _____ Date of Birth _____
Home Phone _____
List any allergies, medical conditions or specific needs _____

Parent/Guardian Information

Parent/Guardian(1) Name _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email Address _____

Parent/Guardian(2) Name _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email Address _____

Emergency Contact Information

Name _____
Home Phone _____ Work Phone _____ Cell Phone _____

Consent and Release for Medical Treatment

The above named participant has my permission to participate in the West Linn-Wilsonville Youth Basketball Association (WLWYBA) program. I acknowledge that this activity may be hazardous and I release the WLWYBA and its officers and coaches from any liability for injury of the named participant. In case of emergency, the WLWYBA and coaches has my permission to call an ambulance or take the participant to any physician at my expense.

Parent/Guardian Signature _____ Date _____