**Tri-Valley Rebels**

TriValleyRebel@yahoo.com

**Application Form/Medical Release**

**2022 Development Season**

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_**

**E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Main Contact #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Insurance # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List any medical problems of your child we need to be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (daughter) to participate in the Tri-Valley Rebels practices, any basketball events, including all AAU tournaments, and certify that she is physically fit to participate. I release the Tri-Valley Rebels, its coaches, and directors of any liability in the event of any injury or death resulting from an accident while participating in practice, games, clinic etc. I also give my permission to allow emergency medical attention as needed. I understand that my child should have had a complete physical examination by a physician or health facility within a year of signing this document. I also understand that if my daughter has had an illness or injury during the past six months, she needs a statement from a physician stating her readiness to play.

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 **Athlete’s Signature Parent’s/Guardian’s Signature**

I also give the Tri-Valley Rebels permission to use playing photos of my daughter on its website and Facebook. The Rebels will not identify players by street address or use telephone #’s. I agree to allow the Tri-Valley Rebels to use my daughter’s image on the website or Facebook by signing the acknowledgement below. If you do not sign below, I refuse to release such images of my daughter.

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

**Parent’s/Guardian’s Signature**