

US-Filipino Basketball Association

FORM 1

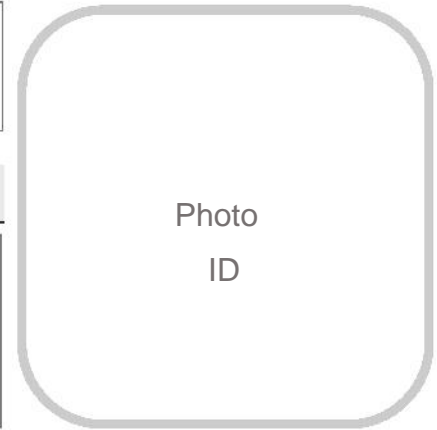
Please write in CAPITAL LETTERS on the shaded boxes.

First Name	Last Name	ID Number
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Gender <input type="radio"/> Male <input type="radio"/> Female	Date of Birth Year _____ Month _____ Day _____
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City	Nationality	Passport Country
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Please provide the first two and last two letters or numbers of the following:
Birth Certificate Number _____ Passport Number _____ Driver's License _____
NEW PLAYERS must submit photocopies of two out of the three documents above.



Emergency Contact Person

First Name	Last Name	Phone Number
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Relationship _____

Mother Father Guardian Other _____

::WAIVER::

In consideration of acceptance for playing in the US-Filipino Basketball Association (US-FBA) tournaments/events and intending to be legally bound, I do hereby for myself, my heirs, administrators, representatives and assignees, waive and forever release US-FBA and all its officials, organizers, volunteers, and members from any claims for damages or personal injury arising from such participation and use of US-FBA facilities and equipment during the said tournaments/events. I accept full responsibility for all damages and loss of my personal property and effects. In the event of injury, I do give my permission and consent to authorize first aid/medical/hospital care as deemed appropriate. I have read and fully understand and agree to this waiver. I promise to comply with all the rules and regulations of the tournament; doing otherwise will subject myself and/or my underage siblings to terminate participation to the said event. As PLAYER/PARENTS/ GUARDIANS of a minor participant, I/WE fully read and understand the full release waiver to US-FBA and its officers and organizers.

Signature

Date

:: FOR OFFICIAL USE ONLY:

Accredited? <input type="radio"/> Yes <input type="radio"/> No	Accreditation Date Year _____ Month _____ Day _____
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Accredited By:

First Name	Last Name	Signature
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