



FILIPINO BASKETBALL ASSOCIATION NORTH AMERICA 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
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Emergency Contact Person

First Name	Last Name	Phone Number
Relationship <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Guardian <input type="radio"/> Other		

:: WAIVER ::

In consideration of acceptance for playing in the Filipino Basketball Association - North America (FBANA) tournaments/events and intending to be legally bound, I do hereby for myself, my heirs, administrators, representatives and assignees, waive and forever release FBANA and all its officials, organizers, volunteers, and members from any claims for damages or personal injury arising from such participation and use of FBANA facilities and equipments 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 FBANA and its officers and organizers.

Signature	Date
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:: 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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