

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

Participant Name _____
Address _____
City _____ State _____ Zip _____
School _____ Grade _____ Gender _____ Date of Birth ____/____/____
Home Phone _____ Participant's Cell Phone _____
List any allergies, medical conditions or specific needs _____

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

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

Emergency Contact Name _____
Home Phone _____ Work Phone _____ Cell _____

Physician Name _____
Address _____ Phone _____
Dentist Name _____
Address _____ Phone _____
Preferred Hospital: _____

Consent and Release for Medical Treatment:

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

Parent/Guardian Signature: _____ Date _____

Photo Release:

I hereby grant permission to WLYBA to use any photographs taken from other team parents or a member of WLYBA and post them on the WLYBA website. These photographs will be used to represent and promote WLYBA practices, games or tournaments on the WLYBA web site only. I acknowledge WLYBA has the right to treat the photograph at its discretion for formatting purposes. I also acknowledge that WLYBA may choose not to use a photograph at this time, but may do so, at its own discretion, at a later date.

_____ **YES**, I have read and agree to all terms stated above and authorize WLYBA to use photographs of my child on the WLYBA website, www.wlhoops.com.

_____ **NO**, I do not authorize WLYBA to use my child's photograph on the WLYBA website except in a team photo. (Example: winners of a championship).

Parent/Guardian Signature: _____ Date _____