

BEST Christian Athletic Association

Player Affidavit

Player's Name	
Player's Address	
City/Zip	
Home Phone	
School	
Grade	
Age as of October 1	

Photo

Parent/Guardian _____ Parent/Guardian Signature _____

Head Coach _____ Head Coach's Signature _____

Age Group _____ Team Name _____ Member Name _____

- Parent/Guardian signature agrees to indemnify and hold harmless the BCAA, its Officers, Members, Administrative Staff, Employees, Ministerial Staff, Sponsors, Facility Owners and/or operators from claims, demands and judgments arising at any time your child/children are participating and/or traveling to participate in BCAA Basketball Program. I understand that injuries do occur while participating in basketball practices and games. Further, I hereby grant full permission to presenters of the program to use any photograph, videotape, DVD recording, or any other record of events for any purpose.
- Parent/Guardian signature below attest your agreement to adhere to all the rules and regulations of the facilities events are held and that you have read this Player Affidavit form and grant full permission for your child/children to participate in the BCAA Basketball Program.

Parent/Guardian Signature _____

Date _____