



TGA GENERAL REGISTRATION FORM

Participant Name: _____ Age _____

School: _____ Grade: _____

Address: _____

Phone #: _____ Email: _____

Parent/Guardian's Name: _____

Medical Waiver

I realize that basketball is a physical sport and that injury may occur. I hereby confirm that the participant is in good physical condition and can take part in TGA Basketball Clinics. I further agree to hold harmless and indemnify TGA for any and all liability for injury that may occur to both participant and observer.

Medical Conditions, if any: _____

Allergies, if any: _____

Parent/Guardian Signature: _____

Photo Release

_____ I give permission for pictures and video to be taken of my child. I understand these photos and videos may be used to promote Tony Gallo Athletics and affiliates, in both print and social media.

_____ I **DO NOT** give permission for pictures to be taken of my child.

Parent/Guardian Signature: _____