

Redwood Area Basketball Association

PERMISSION SLIP/CODE OF CONDUCT

I, the parent/guardian, give my permission for the player named below to play on the Redwood Area Basketball Association (RABA) traveling team. I acknowledge that playing on the traveling team could lead to injuries because of the factors inherent in this type of activity. I accept the responsibility for any medical treatment and its expenses. I understand that the people associated with the RABA board, coaches, parents and the financial supporters are exempt from any liability or blame for any and all injuries, accidents and/or damages which might occur during ordinary course of the activity. If any injury occurs which would require the assistance of a physician, I give permission to the coaches or a RABA board member to seek the proper medical help needed for the player named below.

Players Name (please print) _____

Grade _____ Player's Date of Birth _____

Parents(s) Names _____

Address _____

Home Phone Number _____ Cell Phone Number _____

Parents E-Mail Address _____

Medical History Concerns _____

In signing this form we agree to uphold a high standard of sportsmanship in representing the Redwood Area Basketball Association. We will conduct ourselves in a positive manner exhibiting integrity, respect, and fairness for all players, coaches, official, and parents.

****We (parent and player) agree to work our required shifts in the concession stand at an assigned RABA tournament and also assist in clean-up after my team's home tournament.**

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Players Signature _____

Date _____

****Please return this form to RABA, PO Box 385, Redwood Falls, MN 56283**