

Dallas Baptist Association
Boys Basketball League – Grades: 1-3 4-6 7-9 10-12

Jersey #
Age
School Year
School Grade

PARTICIPANT INFORMATION FORM

Player's Last Name _____ First Name _____ MI _____
Address _____ Apt. # _____
City _____ State _____ Zip _____
Telephone (_____) _____ Date of Birth _____
Month - Day - Year
School _____ Grade _____
Sponsoring Church _____

General Information

Father's Name _____ Work Phone (_____) _____
Mother's Name _____ Work Phone (_____) _____

Other Person Responsible for the Participant _____
Guardian ____/Court Ordered Conservatorship ____ Phone # (_____) _____

**(Must check one of the below if you have completed
"Other Person Responsible for the Participant")**

This person can consent ____ Cannot consent ____ to medical treatment

Health Inc. Co. _____ Policy # _____
Telephone # (_____) _____

List all allergies _____

List all medications participant is taking _____

Doctor to notify in an emergency _____ Phone # (_____) _____

Consent for Medical Treatment (Minor)

I consent to the emergency medical treatment for my child whose name is listed above as "Participant." I consent to the transportation of my child for emergency medical treatment by private vehicle or ambulance. I agree to pay all fees and charges relating to the emergency medical treatment of my child. I consent to the release of information contained on this form to the Dallas Baptist Association, the sponsoring church, their members and agents, the provider of emergency medical treatment and my insurer. I consent to the release of information regarding my child's emergency medical treatment to the Dallas Baptist association, the sponsoring church, their members and agents.

Signature of Parent/Guardian _____ Date _____

Start Date: _____
 MO YR

DALLAS BAPTIST ASSOCIATION

CHURCH INSURANCE INFORMATION

Name of Church _____

The Texas Health and Safety Code Section 773.008 provides that the “Consent of emergency care of an individual is not required if the individual is a minor who is suffering from what reasonably appears to be a life-threatening injury or illness, and whose parents, managing or possessory conservator, guardian is not present.”

In a life-threatening situation, the medical personnel can provide treatment without the form. Anything less than a life-threatening situation, the medical personnel will probably require that the parents be contacted, whether you have the form or not. The form becomes more informational than consensual, but having the form may substantially reduce the time the child may suffer while waiting for treatment before the parents are contacted.

Church Liability Policy Insurer _____

Policy Number _____

Insurance Phone Number _____

Church Medical Insurer _____

Policy Number _____

Insurance Phone Number _____

SCHEDULE CONFLICT FORM

Church: _____

Team Name: _____

Grade (circle one): 1-3 4-6 7-9 9-12

List any dates if your church has any event scheduled that would conflict with this team's participation

DATE	REASON FOR CONFLICT

In order to obtain a bye for your team, you must submit a copy of this form to your Gym Coordinator before date: _____.

Gym Coordinator:

Name _____

Address _____ Zip _____

Home phone () _____ Cell () _____

Fax # (if available) _____

E-mail (if available) _____

LEAGUE FEES

DUE DATE _____

Church _____

	# of Teams		Amount Per Team		Total Per Team
Boys – Grades 1, 2, 3	_____	x	\$ _____	x	\$ _____
Boys – Grades 4, 5, 6	_____	x	\$ _____	x	\$ _____
Boys – Grades 7, 8, (9)	_____	x	\$ _____	x	\$ _____
Boys – Grades (9), 10, 11, 12	_____	x	\$ _____	x	\$ _____

TOTAL FEES \$ _____

Your Church	XXXX
PAYABLE TO: ZONE 3 SPORTS	
Amount: _____	\$.00
For Basketball _____	_____
	Signature

Enclose check and a copy of this form in your WHITE ENVELOPE

Gym Coordinator: _____

Address: _____ ST _____ Zip _____

Home phone:(_____) _____ Cell phone:(_____) _____

WHITE ENVELOPE due to Gym Coordinator by date: _____