

PYBA PARTICIPATION WAIVER & RELEASE

Pillager Youth Basketball Association | 2026-27 Season | Tryouts, open gyms, practices, games & tournaments

Fill in on your phone or computer, type your name to sign, save, and email it back to pybastaff@gmail.com. One form per family.

PLAYER(S) – list every child this waiver covers

Player name	Date of birth	Grade	Boys / Girls
Medical (allergies, conditions, meds, injuries, or "none"):			
Medical (allergies, conditions, meds, injuries, or "none"):			
Medical (allergies, conditions, meds, injuries, or "none"):			
Medical (allergies, conditions, meds, injuries, or "none"):			

What we need to know: food, medication, or insect allergies (and whether an EpiPen is carried) · asthma or an inhaler · diabetes · seizures · heart conditions · prior concussions · current or recent injuries · anything else a coach should know in an emergency.

ASSUMPTION OF RISK

I understand that basketball is a physical sport and that participation in PYBA activities – including tryouts, open gyms, practices, games, tournaments, and travel to and from them – involves risk of injury, including but not limited to sprains, fractures, concussions, and in rare cases serious injury, paralysis, or death. I understand these risks cannot be eliminated even with proper coaching, equipment, and supervision. I knowingly and voluntarily accept these risks on behalf of the player(s) listed above.

RELEASE AND WAIVER OF LIABILITY

In consideration of being allowed to participate, I, for myself and on behalf of the player(s) listed above and our heirs and assigns, release, waive, and agree not to sue Pillager Youth Basketball Association, its board members, coaches, volunteers, evaluators, sponsors, and Pillager Public Schools and its staff (the "Released Parties") from any and all claims, demands, or causes of action arising out of participation in PYBA activities, including claims arising from the ordinary negligence of the Released Parties, to the fullest extent permitted by Minnesota law. This release does not apply to gross negligence or willful misconduct.

MEDICAL AUTHORIZATION

If I cannot be reached in an emergency, I authorize PYBA coaches or volunteers to obtain emergency medical treatment for the player(s) listed above, and I accept responsibility for the cost of that care. I confirm the player(s) are physically able to participate. I have listed each player's medical needs above and will tell PYBA if anything changes.

CODE OF CONDUCT AND PHOTO RELEASE

The player(s) and I agree to show respect to coaches, officials, opponents, and facilities, and understand that PYBA may remove a player or spectator for unsportsmanlike conduct. I give PYBA permission to use photos or video of the player(s) taken at PYBA activities on its website, social media, and printed materials, without compensation.

☐ Check this box to **DECLINE** the photo release.

Emergency contact (other than signer)

Emergency contact phone

By typing my name below, I am signing this document electronically. I have read this entire document, I understand it, and I am signing it voluntarily. I am the parent or legal guardian of every player listed above and have the authority to sign on their behalf.

Parent / guardian signature (type full name)

Printed name

Date

Phone

Email

Save this PDF after filling it in and email it to pybastaff@gmail.com. If you already signed a paper waiver at tryouts, you're all set – no need to fill this out. This waiver stays on file for the 2026-27 season.