



# Philippine Basketball Association of Michigan

5273 Hollow Drive  
Bloomfield Hills, Michigan 48302  
(248) 851-5184 or nabacommish@comcast.net

## 2010 Official Player Waiver

**Important Note:** Please read carefully. Each player must complete and sign the form his/herself.  
Violation of the rule may result in a disqualification by the by the PBA of Michigan Commissioner.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Please check if not of Filipino descent

E-mail Address: \_\_\_\_\_

In case of emergency, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Team Name: \_\_\_\_\_

Division (check one):

- |  |  |  |   |
|--|--|--|---|
| Masters (45 & up) <input type="checkbox"/>     | Seniors (35 & up) <input type="checkbox"/>     | Open (No age limit) <input type="checkbox"/> | Juveniles (under 20) <input type="checkbox"/> |
| Juniors (under 17) <input type="checkbox"/>    | Bantam (under 15) <input type="checkbox"/>     | Peewee (under 13) <input type="checkbox"/>   | Tykes (Under 11) <input type="checkbox"/>     |
| Ladies (No age limit) <input type="checkbox"/> | Novice (No age limit) <input type="checkbox"/> |  |   |

### CUT-OFF BIRTHDATE IS SEPTEMBER 4, 2010

Players must be within the ages of their division, on or before September 4, 2010

Note: Players must qualify with age criteria on or before opening day of the 2010 NABA Inter-City Tournament.

## Waiver

*In consideration of acceptance for membership into the PBA of Michigan and intending to be legally bound; I do hereby, for myself, my heirs, my administrators, representatives and assignee and forever release PBA of Michigan, Inc., its Commissioner, Vice Commissioner, Officers and Sponsors from any and all claims for damages or personal injury arising from such membership or use of PBA of Michigan facilities or equipments. I accept full responsibility for all damages and loss of my personal property and effects. Further, in the event of any injury, I do hereby give permission and consent to authorize such first aid and/or medical and/or hospital care or treatment as deemed appropriate. **I have read and fully understand and agreed to the above waiver. I promise to comply with all rules and regulations of the PBA of Michigan and/or staff.***

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature if under 18 yrs old: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Approval by Ron Damasco, PBA of Michigan Commissioner: \_\_\_\_\_

Important Note: Please submit this form and the Team Roster form as soon as possible to  
PBA of Michigan Vice-Commissioner Wilson Rodriguez.