



PARENT / GUARDIAN CONSENT FORM

Participation, medical information and photo / video
permission · Please complete in blue or black ink.

01 PLAYER INFORMATION

Player full name

Date of birth (DD/MM/YYYY)

Age / school grade

Gender

☐

Male

☐

Female

☐

Prefer not to say

Home address — house number, street, subdistrict, district, province and postcode

Player mobile (if any)

Player email (if any)

02 PARENT / LEGAL GUARDIAN

Full name

Relationship to player

Mobile phone

Alternate phone (optional)

Email address

Home address (only if different from player)

03 EMERGENCY CONTACT

Please provide someone other than the parent / guardian above.

Full name

Relationship

Mobile phone

Alternate phone (optional)

04 MEDICAL INFORMATION

☐ No known conditions, allergies, medications or special needs ☐ Details below
Conditions, allergies, medications or special needs the Academy should know

Primary physician (optional)

Physician phone

Health insurer (optional)

Policy / member number

☐ I confirm this information is current and consent to its use for player safety and emergency care.

05 PARTICIPATION CONSENT & ASSUMPTION OF RISK

I, the parent or legal guardian of the player named above, give consent for my child to participate in basketball training, practices, games, camps, clinics and related activities organised by Shark Basketball Pattaya & Bangkok Co., Ltd.

- ☐ I understand basketball involves inherent risks of injury, including sprains, fractures, concussions and other physical injuries.
- ☐ I assume the participation risks and release the Academy, coaches, staff, volunteers and facility owners from liability arising from participation, except gross negligence or wilful misconduct.
- ☐ I authorise necessary emergency medical treatment and accept responsibility for resulting medical expenses.
- ☐ To the best of my knowledge, my child is physically fit to participate in basketball activities.



CONSENT FORM CONTINUED

Media permission is optional and separate from participation.

06 PHOTO, VIDEO & MEDIA CONSENT

The Academy may photograph or record participants during training, games and events for promotional, educational and marketing purposes. **Consent is optional.** Saying no will not affect the player's place, training or how they are coached.

A. Choose ONE permission level:

☐

FULL PERMISSION

Individual and group photos / videos may be used.

☐

GROUP ONLY

Group media only, with no individual identification by name.

☐

NO PERMISSION

Do not use the player's image, video or likeness in promotional materials.

B. If permission is given, tick EVERY use you allow:

☐

Academy website and official social media

☐

Paid digital advertising

☐

Printed materials, newsletters, posters and event displays

☐

The player's first name may appear with approved media

Notes / restrictions (optional)

Once media is published online, the Academy cannot fully control third-party sharing. Consent remains valid until withdrawn. Withdraw at any time by emailing martindoumbe@gmail.com or calling / messaging 085 148 5816. Withdrawal does not affect lawful use before withdrawal; the Academy will stop new use and remove media from channels it controls where reasonably possible.

07 CODE OF CONDUCT

☐

I have read, or will review, the Academy's Code of Conduct / Player & Parent Handbook. My child and I agree to follow its rules on behaviour, sportsmanship, attendance and respect for coaches, staff, teammates, opponents and officials.

08 CONFIRMATION & SIGNATURES

I confirm that I am the parent or legal guardian of the player named above; the information provided is accurate; and I have read, understood and agreed to this form, including the separate photo and media choices.

Parent / guardian signature

Date (DD/MM/YYYY)

Printed full name

Relationship to player

FOR PLAYERS AGED 10 OR OVER

I am the player named above. I understand the photo / video choices and agree to them.

Player signature

Date (DD/MM/YYYY)

Optional — second parent / guardian

Signature / printed full name

Date / relationship

FOR ACADEMY USE ONLY

Received by

Date received

Programme / session

Record ID