



Tauranga City Basketball Association
PO Box 2135, Tauranga 3140
Telephone (07) 572 1272
Email admin@taurangacitybasketball.co.nz
Website: www.tauranga.basketball

Date:

To: Tauranga City Basketball Association (TCBA)

Confirmation of responsibilities for player dispensation.

Iconfirm I have requested

dispensation for to participate in the TCBA Adult leagues.

I understand that I am responsible for the above player's welfare and understand the risks involved for this player in being allowed to play in an adult league.

I understand that the granting of dispensation does not place responsibility for the player's welfare with TCBA, other than what would normally be expected at this level.

I understand that TCBA reserves the right to revoke dispensation at their sole discretion.

Signed.....

Name (please print)

Relationship to player.....