



## **“Parent Permission and Health Authorization Form”**

I \_\_\_\_\_ hereby give my consent for my child \_\_\_\_\_ to participate in all **Team Select / Events by Select** basketball and extra curricular activities. I declare that I have checked with a certified physician and that my child is in good physical condition. I hereby give the staff of **Team Select / Events by Select** permission to render such medical and hospital care as, in their judgment, may seem advisable for my child. I also hereby state that we have adequate medical coverage and will not hold the staff of, location of or sponsorship of **Team Select / Events by Select** liable for any injuries incurred during the event or any team extra curricular activities.

In addition, I acknowledge that the purpose of **Team Select / Events by Select** is not to attempt any form of recruiting for any particular institution or organization. Also, that **Team Select / Events by Select** is simply an extra curricular activity outside of any institution or organization my child may be part of.

### **Medical Information**

Player's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Family Physician \_\_\_\_\_ Med. Plan # \_\_\_\_\_

In Case Of Emergency, Contact \_\_\_\_\_ At Phone# \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Player's Signature \_\_\_\_\_ Date \_\_\_\_\_

***“Striving For Excellence; On the Court, In the Class Room & In Life”***