



“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/or 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 _____

“Foundation For Excellence; On the Court, In the Class Room, In Life”