

Parent Permission & Health Authorization Form

I _____ hereby give my child _____ to participate in all Team Elite 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 Elite 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 Elite liable for any injuries incurred during the event of any team extra curricular activities.

Medical Information

Player's Name _____ Grade _____ Birthdate _____

Address _____ City _____ Zip _____

Phone _____ Email _____

Parent / Guardian _____ Cell# _____

Family Physician _____ Med. Plan# _____

In Case OF Emergency, Contact _____ Phone# _____

Parent / Guardian Signature _____ Date _____

Player's Signature _____ Date _____