

FAST BREAK BASKETBALL ASSOCIATION, INC.

P.O. Box 426
East Brunswick, NJ 08816
732-432-0046

Player/Buddy Application – “My Buddy, My Pal” (For children with special needs)

Consent to Participate & Risk Acknowledgment PLEASE PRINT CLEARLY and LEGIBLY

I hereby give my child permission to participate in Fast Break Basketball Association during the upcoming athletic season.

First Name _____ Last Name _____

Child's Date of Birth ___/___/___ Sex _____ Grade as of Sept. _____

School attending as of Sept. _____

Child's Disability: _____

Child's Shirt Size: Small Medium Large XL 2XL 3XL

Session Plan on Attending: Session 1 (8:30 – 10:00am)

Session 2 (10:00 – 11:30am)

Session 3 (11:30am – 1:00pm)

Can we post your child's picture on our Facebook Fan Page: Yes No

(On Facebook, it is listed under Fast Break Basketball Buddy Ball)

Lives with: Father Mother Both Other (give details on back of this form)

Names: Father _____ Mother _____ Other _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

AUTHORIZATION (One Parent or Guardian must be in attendance during session):

Parent or Guardian signature _____

Relationship: _____ Date: _____

Check box to list additional information on the back of this form. (i.e., 2nd Mailing Address in case child lives with one spouse, if information needs to go to two Addresses, instead of one.)

To Be Completed By FBBA

Total Cost: _____ Cash Check Number: _____ Entered By: _____