

# FAST BREAK BASKETBALL ASSOCIATION

P.O. Box 426  
East Brunswick, NJ 08816  
732-432-0048

## Buddy Ball (PALS) Medical Authorization

I hereby give permission for (child's name) \_\_\_\_\_, to participate as a "PAL" in Fast Break Basketball Associations Buddy Ball Program during the upcoming athletic season. I am aware that participating in youth basketball is a potentially hazardous activity. I assume all the risks associated with participating in Fast Break Basketball Association. I understand the risk to my child includes a full range of injuries from minor to severe, and that the result could be death, paralysis, or other serious permanent disabilities. I agree to accept these risks as a condition of my child's participation.

Parent or Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Known Allergies or other pertinent Medical Information: \_\_\_\_\_

\_\_\_\_\_

### OTHER EMERGENCYCONTACTS:

Name, Phone #, Relationship:

1<sup>st</sup>: \_\_\_\_\_

2<sup>nd</sup>: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

ID#: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Preferred Hospital: \_\_\_\_\_

I hereby give my consent, in the event all reasonable attempts to contact the above designated parties have been unsuccessful, for:

- (1) The administration of any treatment deemed necessary; and/or
- (2) The transfer of the child above to the requested hospital or another hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of a licensed physician deems the necessity for the surgery. I have reviewed the registration packet and this consent form, and agree to its conditions on behalf of my child.

Parent or Guardian Signature: \_\_\_\_\_

Relationship \_\_\_\_\_ Date: \_\_\_\_\_