

FAST BREAK BASKETBALL ASSOCIATION

P.O. Box 426
East Brunswick, NJ 08816

Medical Authorization for Buddy Ball PALS

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/Pager _____

Child's Date of Birth _____

Known Allergies or other pertinent medical information _____

OTHER EMERGENCY CONTACTS:

Name, Phone #, Relationship

1st _____

2nd _____

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 _____