

FASTBREAK BASKETBALL ASSOCIATION, INC.

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

Buddy Ball – “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. _____

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

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: _____