

# FAST BREAK BASKETBALL ASSOCIATION

P.O. Box 426  
East Brunswick, NJ 08816

## Medical Authorization for Buddy Ball

I hereby give permission for (child's name) \_\_\_\_\_, to participate in Fast Break Basketball Association 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 \_\_\_\_\_  
\_\_\_\_\_

Child's Disability \_\_\_\_\_

### **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 \_\_\_\_\_