



“Parent Permission and Health Authorization Form”

I _____ hereby give my consent for my child _____ to participate in all College Station Hoops sports and training activities. I declare that I have checked with a certified physician and that my child is in good physical condition. I hereby give the staff of College Station Hoops permission to render such medical and hospital care as, in their judgment, may seem advisable for my child. I also hereby state that we have adequate medical coverage and will not hold the staff, location or sponsorship of College Station Hoops liable for any injuries incurred during the league, training or any team extra curricular activities.

In addition, I acknowledge that the purpose of College Station Hoops is not to attempt any form of recruiting for any particular school or organization. Also, that College Station Hoops is simply an extracurricular activity outside of any school or organization my child may be part of.

Medical Information:

Player's Name: _____

Address: _____ City: _____

Phone: _____ Email: _____

Parent/Guardian: _____

Family Physician: _____

In Case Of Emergency, Contact: _____

Parent/Guardian Signature: _____

Player's Signature: _____

Grade: _____ Birth Date: _____ Zip _____

Home# _____ Work# _____ Mobile# _____

Date: _____