

Youth Basketball Tournament Consent Form

Participant Information

Player Full Name

Date of Birth

Team Name

Parent/Guardian Information

Parent/Guardian Full Name

Contact Number

Email Address

Emergency Contact

Name

Relationship

Phone Number

Medical Information

Medical Conditions / Allergies

Medications

Consent & Agreement

I, the parent or legal guardian of the above-named participant, give consent for my child to participate in the Youth Basketball Tournament. I acknowledge and accept all associated risks and agree not to hold the organizers, sponsors, or facility liable for any injury or loss.

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I have read and agree to the above.

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In case of emergency, I authorize medical treatment for my child.

Signature

Parent/Guardian Name (Printed)

Date