

Parental Consent and Waiver

High School Basketball Player

Player Name

Grade

School Name

Parent/Guardian Name

Contact Number

Emergency Contact Name

Emergency Contact Number

Consent and Waiver

I, the parent or legal guardian of the above-named student, hereby give my consent for my child to participate in the High School Basketball program, including practices, games, and related events. I understand the risks involved and acknowledge that the school/organization is not responsible for any injuries, accidents, or loss which may occur during participation.

I affirm that my child is physically fit to participate and that I have informed the program of any medical conditions or limitations. In case of emergency, I authorize appropriate medical attention to be provided.



I have read and agree to the terms above

Parent/Guardian Signature

Date