

Youth Basketball Tournament Permission Slip

Participant Information

Participant Name:

Date of Birth:

Parent/Guardian Name:

Phone Number:

Email Address:

Emergency Contact Information

Emergency Contact Name:

Relationship:

Emergency Phone Number:

Medical Information

Allergies/Medications/Conditions:

Permission & Waiver

I, the parent/guardian of the above-named participant, give permission for my child to participate in the Youth Basketball Tournament. I acknowledge and accept all risks associated with participation. In case of emergency, I authorize medical treatment for my child if I cannot be reached.

Parent/Guardian Signature

Date