## ACADEMIC BASKETBALL CLUB BASKETBALL AUTHORIZATION FORM

Player Name		Grade:	Date of Birth
Address		++	
City/State/Zip			
Home Phone	Email (mother):		
	Email (father):		
Player's Cell	Email (player):		
Mother's Name	Phone (W)		(Cell)
Father's Name	Phone (W)		(Cell)
PERSON TO BE NOTIFIED IN EMERGENCY			Phone
DOCTOR'S Name			Phone
Do you have any allergies	s or special needs?		ASTHMA?
Are you allergic to or have	e a problem with to Tide deter	gent? Dia	betes 1 or 2 Gluten Free?
	SUPPLY ONE INHALER AND CO INISTER TREATMENT IF CONSIDE		IONS FOR USE FROM YOUR DOCTOR
BY MY SIGNATURE, I DO HE ACTIVITIES ASSOCIATED DI BASKETBALL CLUB INC., IPA EDUCATION, THE WESTPOF LAWRENCE COLLEGE, and WHICH MAY OCCUR IN THE RELEASE IPAYATTENTION LI AGENTS, AND ANYONE ACCOURSE OF ITS ACTIVITIES, ANY INJURY OR DAMAGE OR IN CONNECTION WITH OF ANY ILLNESS OR INJURY GUARDIAN OF THE CHILD ACADEMIC BASKETBALL C	RECTLY OR INDIRECTLY WITH THAYATTENTION LLC, GREENWICH RT BOARD OF EDUCATION, GREEN OF EDUCATION, GREEN OF COURSE OF SUCH ACTIVITIES OF THE ACADEMIC BASKETBALL OF AND FROM ALL LIABILITY, IN TO PERSON OR PROPERTY WHICH MY CHILD'S PARTICIPATION OF TO MY CHILD AND AFTER AND TO THE TO MY CHILD AND AFTER AND TO THE TO MY CHILD AND AFTER AND THE TO MY CHILD AND AFTER AND THE TO MY CHILD AND AFTER AND THE TO	RSONAL INJURY A IE ACADEMIC BA: BOYS & GIRLS CL ENS FARMS ACAI NORWALK AND A . ACTING FOR M . CLUB INC, AND OWNERS OF ANY ICLUDING CLAIM CH MAY RESULT D R MY PARTICIPATI ATTEMPT HAS BEEI ING THEM OF SUC EREBY AUTHORIZE	DEMY, CHESHIRE ACADEMY, SARAH AM AWARE OF THE SERIOUS ACCIDENTS YSELF AND MY CHILD, I DO HEREBY ITS COACHES, REPRESENTATIVES, ' GYM FACILITY BEING USED IN THE S AND SUITS AT LAW OR IN EQUITY, FOR PIRECTLY OR INDIRECTLY BY REASON OF ON IN THESE ACTIVITIES. IN THE EVENT N MADE TO REACH THE PARENTS OR CH INJURY, IPAYATTENTION LLC, THE
SIGNATURE OF: PLAYER (if over 18 years of	d), PARENT OR GUARDIAN		DATE