

ACADEMIC BASKETBALL CLUB BASKETBALL AUTHORIZATION FORM

Name of Player _____ Grade: _____ Date of Birth _____

Address _____

City/State/Zip _____

Home Phone _____ Email (mother): _____

Email (father): _____

Player's Cell Phone: _____ 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 or special needs? _____ ASTHMA? _____

Are you allergic to or have a problem with to Tide detergent? _____ Diabetes 1 or 2 _____ Gluten Free? _____

IF YES TO ASTHMA, PLEASE SUPPLY ONE INHALER AND COMPLETE INSTRUCTIONS FOR USE FROM YOUR DOCTOR AND PERMISSION TO ADMINISTER TREATMENT IF CONSIDERED NECESSARY.

PARENTAL WAIVER AND RELEASE

BY MY SIGNATURE, I DO HEREBY ASSUME ALL RISKS OF PERSONAL INJURY AND OTHER DAMAGE INVOLVED IN THE ACTIVITIES ASSOCIATED DIRECTLY OR INDIRECTLY WITH THE ACADEMIC BASKETBALL CLUB TEAMS, ACADEMIC BASKETBALL CLUB INC., iPAYATTENTION LLC, GREENWICH BOYS & GIRLS CLUB, THE FAIRFIELD BOARD OF EDUCATION, THE WESTPORT BOARD OF EDUCATION, GREENS FARMS ACADEMY, SARAH LAWRENCE COLLEGE, and/or CARVER FOUNDATION OF NORWALK AND AM AWARE OF THE SERIOUS ACCIDENTS WHICH MAY OCCUR IN THE COURSE OF SUCH ACTIVITIES. ACTING FOR MYSELF AND MY CHILD, I DO HEREBY RELEASE iPAYATTENTION LLC, THE ACADEMIC BASKETBALL CLUB INC, AND ITS COACHES, REPRESENTATIVES, AGENTS, AND ANYONE ACTING ON ITS BEHALF, AND THE OWNERS OF ANY GYM FACILITY BEING USED IN THE COURSE OF ITS ACTIVITIES, OF AND FROM ALL LIABILITY, INCLUDING CLAIMS AND SUITS AT LAW OR IN EQUITY, FOR ANY INJURY OR DAMAGE TO PERSON OR PROPERTY WHICH MAY RESULT DIRECTLY OR INDIRECTLY BY REASON OF OR IN CONNECTION WITH MY CHILD'S PARTICIPATION OR MY PARTICIPATION IN THESE ACTIVITIES. IN THE EVENT OF ANY ILLNESS OR INJURY TO MY CHILD AND AFTER AN ATTEMPT HAS BEEN MADE TO REACH THE PARENTS OR GUARDIAN OF THE CHILD (WHERE APPROPRIATE) INFORMING THEM OF SUCH INJURY, iPAYATTENTION LLC, THE ACADEMIC BASKETBALL CLUB, AND ITS COACHES ARE HEREBY AUTHORIZED TO CONTRACT FOR AND TO AUTHORIZE TREATMENT BY A MEDICAL DOCTOR ON MY BEHALF.

SIGNATURE OF:

PLAYER (if over 18 years old), PARENT OR GUARDIAN _____ DATE _____