



Valley Phuture Phenoms AAU Program

Cell: 209.649.8180

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“Parent Permission and Health Authorization Form”

I _____, hereby give my consent for my child _____ to participate in all **Valley Phuture Phenoms basketball** and/or extra-curricular activities. I declare that I have checked with a certified physician and that my child is in good physical condition. I hereby give the staff of **Valley Phuture Phenoms** permission to render such medical and hospital care as, in their judgment, may seem advisable for my child. I also hereby state that we have adequate medical coverage and will not hold the staff or location of or sponsorship of **Valley Phuture Phenoms** liable for any injuries incurred during the event or any team extra-curricular activities.

In addition, I acknowledge that the purpose of **Valley Phuture Phenoms** is not to attempt any form of recruiting for any particular institution or organization. Also, that **Valley Phuture Phenoms** is simply an extra-curricular activity outside of any institution or organization my child may be part of.

Medical Information

Player's Name _____ Grade _____ Birth Date _____

Address _____ City _____ Zip _____

Phone _____ Email _____

Parent/Guardian _____ Home# _____ Work# _____

Family Physician _____ Med. Plan # _____

In Case Of Emergency, Contact _____ Alt Phone# _____

Parent/Guardian Signature _____ Date _____

Player's Signature _____ Date _____

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