

PERMISSION TO TREAT

GENDER

GRADE

Division

TEAM

NAME

Head

Coach:

CELL:

Asst.

Coach

CELL:

Score/

Time

CELL:

DO NOT TURN THIS FORM IN. THIS FORM IS TO BE SIGNED BY PARENTS' OF PLAYERS ON YOUR TEAM. COACHES SHOULD KEEP THIS FORM ON THEM AT ALL PRACTICE AND TOURNAMENTS



#	PLAYER NAME	School	Grade	Birthdate (month/day/year)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Grade =

May - August events: GRADE they are COMING OUT OF!

School Year events : GRADE they are currently in!

**Signatures required as waiver form, please read: LEGAL DISCLAIMER: This must be signed by a parent or legal guardian before participation will be allowed. I understand that the United Hoops Network insurance only serves as a certificate of insurance for the facilities. Further, I hereby release the sponsors, the United Hoops Network, its officers, directors, employees, and all facility owners for damages or injuries incurred while my son/daughter participates in UH activities. I certify that my son/daughter is in good health and can participate in all physical activities. Should an injury occur, I agree to allow him/her to be treated by a licensed physician or paramedic. MEDIA CONSENT FORM FROM PERSONAL RELEASE. Your signature will authorize the use of your child's name, likeness, voice and biography, printed information, still photographs, video recordings, audio recordings from the United Hoops Network and related events for all future use for purposes of promotion, publication.