

Health & Permission Form

Child's Name _____

Address _____

City _____ Zip Code _____

Birthdate _____ Grade _____

Mother's Name _____ Father's Name _____

Cell Phone # _____ Cell Phone # _____

Emergency Contact

Name _____

Phone # _____

*Person(s) authorized to pick up child (Must show I.D.)

1) _____

2) _____

Permission to Provide Medical Care

I understand that I will be notified at once in case of an accident or illness to my child. I will make arrangements for medical care with my Physician or Hospital of my choice. If I cannot be reached to make necessary arrangements, in a critical emergency requiring medical care, I hereby authorize Above The Rim Skills Development representatives to secure proper health care from my child.

**It is the responsibility of the parent to provide accident insurance for their child athlete.*

Signature _____ Date _____

Doctor's Name _____ Phone # _____

In case of Emergency Treatment for my child, my preferred Hospital is:

List Any Allergies your child may have: _____

Photo Release

I authorize, Above The Rim Skills Development to use the likeness of my child in the form of photos, slides, videos, etc as deemed necessary by the aforementioned for it's records, public relations or marketing.

Signature _____ Date _____

