

# OLD SCHOOL BASKETBALL

PLAYER NAME \_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PARENT NAME \_\_\_\_\_

PHONE# \_\_\_\_\_ EMAIL \_\_\_\_\_

MEDICAL CONDITIONS \_\_\_\_\_

Parental Consent: I acknowledge my Son/Daughter is in good physical health and can participate in a competitive situation. I will not hold staff of Old School Basketball liable for any injury to my child as a result of participation in Old School Basketball.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_