

St. Joseph Medical Center

PARENT/GUARDIAN PERMISSION FORM

Basketball Clinic attendees are not permitted to participate unless this Permission Form is completed.

Name of Basketball Clinic Participant _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age _____ School/Rec Council _____

Person to notify in case of emergency: if under 18, Parent/Guardian

Name _____ Phone Number _____

Address _____ Relationship to Participant _____

Physician's Name _____ Phone Number _____

In case of emergency, I hereby give my permission for a program representative to call 911 and have my child transported to a hospital.

Signed Parent/Guardian _____

To the Parent/Participant:

For your protection and the protection of your child, please read and complete all information. If the answers to Questions 1 or 2 is "Yes," a medical release is required.

I hereby approve of the terms of this permission form. I further agree that I will not hold St. Joseph Medical Center, Goucher College, Towson University, the organizers, sponsors, supervisors, volunteer leaders or participants responsible for injuries or any unforeseen accident while participating in the above-named activity. I will inform the chairperson of any medical or health factors which may occur which could affect my child's participation.

1. Are there any medical or health factors or limitations that might affect your child's performance in this activity? Yes _____ No _____

2. Is your child taking any medication that might affect his/her safety or performance in this activity?

Yes _____ No _____

3. Does the participant require any medication that might affect his/her safety or performance in this activity?

Yes _____ No _____

I hereby state that my child is in good health and able to participate in this program. I further acknowledge that I have read and fully understand the above-mentioned facts, as well as the fact that St. Joseph Medical Center does not provide background checks on volunteers. I certify that all answers, to the best of my knowledge, are true and correct.

Parent/Guardian Signature _____ Date _____

