



PROJECT AWARENESS AND SPECIAL SPORTS (PAASS)
PARENTAL PERMISSION & HEALTH AUTHORIZATION FORM

I/We, the parent/guardian(s) hereby give My/Our permission for My/Our child's participation in sports and recreation activities. I/We agree to direct My/Our child to cooperate and conform to directions and instructions of personnel responsible for all activities.

I/We understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as noted below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless this organization, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the game of basketball and the activities incidental thereto, whether the result of negligence or any other cause.

If the Parent/Guardian or Emergency Contact cannot be reached in an emergency, I/We hereby give permission for whatever medical treatment may be considered necessary by a physician or hospital for My/Our child.

List any medical restrictions or conditions (e.g., allergies, etc.):

I agree with the conditions of this waiver

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND PAASS AND I SIGN IT OF MY OWN FREE WILL.

PARTICIPANT NAME AND SIGNATURE IF OVER 18

Date

PARENT NAME AND SIGNATURE IF UNDER 18 OR CONSERVED.

Date