Valley Stars Basketball Academy
PARENT CONSENT AND MEDICAL RELEASE

I, the parent/guardian of the child hereby give my approval for his/her participation in any and all VALLEY STARS BASKETBALL ACADEMY (VSBA) activities. I assume all risks to hold incidental to such participation, and hereby waive, release, absolve, indemnify, and agree to hold blameless any VSBA officer, director, organizer, supervisor, participant, and person transporting my child to or from activities, for any claim arising out of injury to my child. I hereby authorize medical treatment of the above-named child, in my absence, by any licensed physician of emergency personnel or facility, in the event of my child's illness or injury while participating in VSBA activities, at the direction of any VSBA official, coach, or assistant coach, whose judgment and decision with the respect to care of my child shall be considered as my own.

Please complete the following:

1. Does your player have any medical conditions, allergies, or anything else you wish to share (e.g. asthma, etc.)? Please list. (This information is voluntary)

2. Is your player currently taking any medications? Please list.

3. Does your player have any dietary restrictions? Please list.

4. Name of your player's Primary Care Physician Name and Contact Information.

5. What is your players Medical Insurance Provider and Policy Number?

_____

Name of Child Minor

_____

Name of Parent/Guardian (please print)

_____ _____

Signature of Parent/Guardian **Date**