

MVP FLIGHT, INC.

“Parental Permission and Health Authorization Form”

Parent/Guardian must fill out the following form and the form must be signed by both the parent/guardian and the participating player.

Health Authorization Form

Name _____ Grade _____ Birth Date _____
Address _____ City _____ Zip _____
Parents/Guardian _____ Home# _____ Work# _____
E Mail _____ Family Physician _____ Med. Plan # _____
In an emergency, contact _____ at telephone # _____

Parent's Consent and Waiver

I hereby give my consent for my child to participate in all MVP Flight Basketball activities. I declare that my child is in good physical condition. I hereby give the Staff of MVP Flight, Inc. permission to render such medical and hospital care as, in their judgment, may seem advisable for my child. I also hereby state that we have adequate medical coverage and will not hold the staff of MVP Flight, Inc. liable for any injuries incurred during the league.

Parent/Guardian Signature _____ Date _____

Player's Signature _____ Date _____