MORRISTOWN TRAVEL BASKETBALL LEAGUE 2010-2011
PROGRAM AND MEDICAL AUTHORIZATION

I hereby give permission for my child to participate in the **Morristown Travel Basketball League** program. I will have him/her properly equipped and understand I am responsible for his/her conduct and any emergency expenses incurred on his/her behalf.

If it becomes necessary to take my child to a hospital, physician or dentist for diagnosis or treatment, and I cannot be contacted in time, I hereby give permission to the physician selected by the coach or Morristown Travel Basketball League Official, to hospitalize, secure appropriate anesthesia, to order injection for my child and provide appropriate medical treatment.

Child's Name: _____ Date of birth: _____

Address: _____

Phone #: _____ Emergency #: _____

Parents Email Address: (required) _____

_____ _____
Signature of Parent/Legal Guardian Date

EMERGENCY MEDICAL INFORMATION

Any allergies? _____

Any special conditions requiring special care, medication or diet? _____

_____

Physician's Name: _____

Physician's Phone #: _____

RELEASE

As is any sporting activity, there are some inherent risks and injury that may occur from time to time. I hereby release and discharge the Town of Morristown, and the Morristown Travel Basketball Program, its steering committee, coaches and other volunteers or representatives from any and all claims or actions for losses, damages, or personal injuries relative to participation in the following activity: **MORRISTOWN TRAVEL BASKETBALL LEAGUE.**

_____ _____
SIGNATURE OF PARENT/LEGAL GUARDIAN DATE