

Parental Consent Form

I will allow my son/daughter to participate in the “Renegades 3 on 3” Basketball tournament on October 16, 2010. I hereby assume all risks associated with the participation of my son/daughter in the “Renegades 3 on 3” Basketball Tournament, and agree to hold harmless the Renegades AAU organization, their officers, coaches, and participants for any and all claims for injuries arising out of the participation in this program. I have read and understand the details of this form and attest to its accuracy.

I certify that my son/daughter has primary health insurance with the listed carrier. I also give my permission for my son/daughter to be examined by a physician in case of an emergency.

Player #1
Health Insurance
Company: _____
I.D./Group
number _____
Date: _____

Signature: _____

Player #2
Health Insurance
Company: _____
I.D./Group
number _____
Date: _____

Signature: _____

Player #3
Health Insurance
Company: _____
I.D./Group
number _____
Date: _____

Signature: _____

Player #4
Health Insurance
Company: _____
I.D./Group
number _____
Date: _____

Signature: _____