



Evolution Elite Basketball Club

Consent Form

Player's Name _____

Parent Name(s) _____

Phone Number _____

List all known medical problems, concerns or necessary medications that apply to your player

CONSENT FOR MEDICAL TREATMENT OF A MINOR

As the parent or guardian of the above named child, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. Care may be given under whatever conditions are necessary to preserve the life, limb or well-being of this child.

Insurance Carrier _____ Subscriber # _____

Signature of Parent/Guardian _____

Parental Consent

I/We the parentsof the above named child, hereby give my/our approval to participate in any and all Evolution Elite Basketball Club activities. I/We assume ALL risk and hazards incidental to such participation, including transportation to and from the activities. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless Evolution Elite Basketball Club, the organizers, supervisors, participants, and persons transporting my/our child to and from activities for any claim arising out of injury to my/our child, whether the result of negligence for any other cause, except to the extent and in the amount covered by accident and liability insurance.

Print Name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____



Evolution Elite Basketball Club

Gear Order Form

Player Name _____

Practice Uniform

Initials on back	# requested	Size

Game Uniform

Initials on back	# requested	Size





Evolution Elite Basketball Club

Registration Form

Player's Name _____

Date of Birth _____

Parents Name(s) _____

Address _____

Best phone number(s) _____ and/or _____

Best email(s) _____ and/or _____

Name of School

Elementary School _____

Middle School _____

High School _____

Emergency Contact Information

In an emergency, please contact:

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

Any known medical conditions: _____

Any known allergies: _____

Any current medications: _____