



Foster Park Sports Basketball League Medical and Photo Release Form

Parental Permission for Emergency Treatment

Please check mark one option:

In the event of a medical emergency, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitable qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.

I do not consent for my child to receive emergency medical treatment.

Emergency Contact Information

First Name _____ Last Name _____

Relationship to Player _____ Phone Number _____

Alt. Number _____ Email Address _____

Address _____ Apt. _____

City _____ State _____ Zip Code _____

Photo Release

Please check mark one option:

I, _____, the parent or legal guardian of
_____ (child's name), grant Foster Park Sports my permission to



publicly use my child's photograph. I understand that the images may be used for but not limited to: presentations, advertising, publicity, web content, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. By marking yes, this will allow me to receive photos of my child participating in the program.

Email Address _____

I do not grant Foster Park Sports my permission to use my child's photograph publicly. I also understand that my child is not guaranteed to have photos of him/her available of their time during the league.

Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____