AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I) (We), the undersigned parent(s) or legal guardian(s) of _____, a minor (the "Minor"), acknowledge that the Minor is or will be attending and participating in basketball programs, practices, games, events and other activities (collectively, "Basketball Activities") provided, organized and/or sponsored by, on behalf of, or through _____(<<<organization legal name).

In connection with any Basketball Activities, the undersigned hereby authorizes _____(<<<organization legal name) and each of its directors, officers, employees, personnel, agents, coaches and other representatives who are 18 years of age or older, each as agent(s) for the undersigned, to consent to: (i) any x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the California Medical Practices Act; and/or (ii) any x-ray examinations, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any dentist licensed under the provisions of the California Dental Practices Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of California Family Code section 6910.

The undersigned hereby authorizes any hospital, which has provided treatment to the above-named minor pursuant to the provisions of California Family Code section 6910, to surrender physical custody of such minor to any of the above said agent(s) upon the completion of treatment. This authorization is given pursuant to California Health and Safety Code section 1283.

The Minor has no allergies or special medical or dental needs other than those listed below (if none is listed, then there is none):

The authorizations set forth herein shall remain effective until _____(<<<enter date), unless sooner revoked in writing delivered to _____(<<<enter the organization legal name and address) or any of the above said agent(s).

Name of Parent/Guardian: _____ Signature of Parent/Guardian: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name of Parent/Guardian: _____ Signature of Parent/Guardian: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address:_____City:_____,CA Zip Code:_____

Family Doctor Name: _____ Doctor Phone #: _____

Doctor Address: _____ Primary Insured Name: _____

Insurance Company Name: _____ Policy #: _____