

SUMMERFIELD BASKETBALL INC
AFFIDAVIT OF PARENTAL CONSENT
FOR TRAVEL THROUGHTOUT THE UNITED STATES OF A MINOR CHILD
WITHOUT PARENTS TRAVELING

TEAM NAME _____ **TEAM GRADE** _____ **COACH** _____

I, _____, _____
Full name (*first, middle & last*) of the non-traveling parents(s) or legal guardian Relationship of parents or legal guardian

OF _____, DO HEREBY AUTHORIZE
Players full name (*first, middle & last*)

Full name (*first, middle & last*) of the person you authorize to travel with this child Relationship of this person to player

OF _____, TRAVEL AS A GUARDIAN
Players full name (*first, middle & last*)

OF _____, AGE: _____
Players full name (*first, middle & last*) Players Age

Throughout the United States, including traveling by automobiles buses planes and trains. Overnight travel will include hotel, motel or rental home stays while participating on the TAMPA BAY WARRIORS or ANY other teams organized by SUMMERFIELD BASKETBALL INC from SEPTEMBER 1, _____ to AUGUST 31, _____
Year Year

MEDICAL RELEASE

I/We ☐ HAVE ☐ DO NOT HAVE Major Medical Insurance that will cover _____
Players full name (*first, middle & last*)

Primary Insurance Company _____
PLEASE PRINT (If you have no insurance, please mark "N/A") Insurance ID Number

For medical treatment within the United States; and that I/We ☐ AUTHORIZE ☐ DO NOT AUTHORIZE
_____ to make medical treatment decisions for _____
Name of the person you authorize to travel with this child Players full name (*first, middle & last*)

if needed. We have provided EMERGENCY CONTACT INFORMATION BELOW:

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ ALTERNATE PHONE _____

ALTERNATE NAME & PHONE _____

SIGNATURE _____
PARENT OR LEGAL GUARDIAN (TO BE SIGNED IN FRONT OF A NOTARY PUBLIC ONLY)

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____, by _____
(Name of person making statement)

Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____

Signature of Notary Public: _____

My Commission Expires: _____

Affix Notary Seal or Stamp At The Right Side Of Page

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