

# FAST BREAK BASKETBALL ASSOCIATION, INC.

P.O. Box 426  
East Brunswick, NJ 08816  
732-432-0046

## Player/Buddy Application – “My Buddy, My Pal” (For children with special needs)

### Consent to Participate & Risk Acknowledgment PLEASE PRINT CLEARLY and LEGIBLY

I hereby give my child permission to participate in Fast Break Basketball Association during the upcoming athletic season.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Child's Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_\_\_ Grade as of Sept. \_\_\_\_\_

School attending as of Sept. \_\_\_\_\_

Child's Disability: \_\_\_\_\_

Child's Shirt Size:  Small  Medium  Large  XL  2XL  3XL

Session Plan on Attending:  Session 1 (8:30 – 10:00am)

Session 2 (10:00 – 11:30am)

Session 3 (11:30am – 1:00pm)

Can we post your child's picture on our Facebook Fan Page:  Yes  No

(On Facebook, it is listed under Fast Break Basketball Buddy Ball)

Lives with:  Father  Mother  Both  Other (give details on back of this form)

Names: Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

### **AUTHORIZATION (One Parent or Guardian must be in attendance during session):**

Parent or Guardian signature \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Check box to list additional information on the back of this form. (i.e., 2<sup>nd</sup> Mailing Address in case child lives with one spouse, if information needs to go to two Addresses, instead of one.)

*To Be Completed By FBBA*

Total Cost: \_\_\_\_\_  Cash  Check Number: \_\_\_\_\_ Entered By: \_\_\_\_\_