

2023 Travel & Medical Consent Form

I, _____ of _____
(Parent's Name) (City, State)

am the legal parent/guardian of _____
{Player's Name}

My child has my consent to travel with SAVON'S ACADEMY STARS dba ROYAL PALM BEACH STARS Travel Basketball Team for the 2023 season. This season is March 1, 2023- August 31, 2023. I also give my consent to any medical care by a physician deemed to be necessary for the welfare of mv child while under the care of SAVON'S ACADEMY STARS dba ROYAL PALM BEACH STARS, Inc. If a parent is not travelling with player and cannot be reach, I appoint the Coach in authority to make medical decisions in my absence. *

Allergies: _____

My emergency contact info is: _____

My child's medical insurance company is: _____

His policy number is: _____

His date of birth is: _____

Signature of Parent or Legal Guardian Date

Notary Acknowledgement

State of Florida
County of _____

Sworn to (or affirmed) and subscribed before me by means of [] physical presence or [] online notarization, this _____ day of _____ (month), 2023 (year), by _____ (name of person making statement).

(Signature of Notary Public-State of Florida)

(Name of Notary Typed, Printed, or Stamped)

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