

**PERMISSION SLIP**

4/12/16

Dear Parent/Guardian:

Metroball Youth Outreach (Metroball DC) will be entering our basketball team in the Hoop Group Spring Jam Fest Certified Event held on **April 15-17, 2016** located in Manheim, PA. Your child has been selected to play on one of our participating teams. It’s very important for us to have parental permission and emergency information, before your child is permitted to attend this trip.

**Gym Locations: (Players must arrive at the gym 2hrs before 1st game to check in)**

|  |  |
| --- | --- |
| **15u/16u 1st Game – Sat, 4/16 @2pm** | **ALL 17u Games – 1st Game Fri. 4/15 @7pm** |
| Lancaster Country Day School | [Spooky Nook Sports Complex](http://www.boowilliamssportsplex.com/) |
| 725 Hamilton Rd, Lancaster, PA 17603 | **75 Champ Blvd, Manheim, PA 17545** |
|  |  |
| **15u/16u 2nd Game – Sat, 4/16 @9:30pm** |  |
| [Spooky Nook Sports Complex](http://www.boowilliamssportsplex.com/) |  |
| **75 Champ Blvd, Manheim, PA 17545** |  |

**Lodging:**

Wyndham Garden York, PA

2000 Loucks Rd.

York, PA, 17408

The 17u Team will be leaving Friday afternoon @ 12 p.m. from The Walker-Jones Educational Campus (1125 New Jersey Ave NW, Washington, DC 20001) and returning either Late Saturday Night or Sunday afternoon (depending upon how they play).

The 15u/16u Team will be leaving Saturday morning @ 8 a.m. from The Walker-Jones Educational Campus (1125 New Jersey Ave NW, Washington, DC 20001) and returning Sunday afternoon.

Please make sure that your child has adequate spending money for lunch & anything else. Metroball will provide snacks and one meal during the course of the day.

For questions or additional information, please feel free to contact us at the following numbers:

|  |  |
| --- | --- |
| Tony Parry – (202) 321-5682 | Derek Norman – (301) 237-7641 |
| Kevin Jones – (202) 497-6210 | Terrance Judge – (240) 832-9351  |
| Email: metroballdc@yahoo.com | Website: www.metroball.org |

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**PLEASE COMPLETE ALL FIELDS OF THE FORM:**

(PLEASE PRINT)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Child:  |       | Age: |       |  |
| Complete Address:  |       |
| Phone Number:  |       |  |
| Parent/Guardian:  |       | Contact Number: |       |
| Relationship to Child:  |       |  |
| Health Insurance? [ ]  Yes [ ]  No | If Yes, Provider? |       |
|  | Insurance Number: |       |

*In case of an emergency, we will contact the parent listed above. We request that the parent provide another contact (not living at the same address) who is authorized by the parent to act on his/her behalf should the parent not be available.*

|  |  |  |  |
| --- | --- | --- | --- |
| Alternate Contact: |       | Contact Number: |       |
| Relationship to Child:  |       |  |

Also if you have made arrangements to have a person other than yourself provide transportation to and from this event, please indicate the name and phone number of such person.

**AUTHORIZATION TO TREAT A MINOR**

|  |  |
| --- | --- |
| I (We) the undersigned parent, parents or legal guardian of |       |

a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by an is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital. It is understood that effort shall be made to contact the undersigned prior to rending treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Father and/or Mother, or Guardian

Allergies to Drugs or Foods \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_