



I

Of (address).....

.....

.....

The Parent/Guardian* of.....

Authorise him/her* to play in the JBBA Corporate Summer League for.....

Emergency contact telephone number.....

Relevant medical information

.....

.....

.....

I accept that the JBBA can take no responsibility for any injury or incidents that occur through their participation in the JBBA Corporate Summer League.

Signed by Parent/Guardian*

Dated.....

*Please delete as appropriate