



Mid Atlantic Select AAU Basketball  
P.O. Box 47141  
Forestville, MD 20753

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Email: [Info@MidAtlanticSelect.com](mailto:Info@MidAtlanticSelect.com)  
Website: [www.MidAtlanticSelect.com](http://www.MidAtlanticSelect.com)

## Mid Atlantic Select Parental Consent Form

Please enroll the undersigned. The applicant is in good health and able to participate in the physical activity of a vigorous program. Mid Atlantic Select has my permission to provide emergency medical care, in the event my son is injured or ill. I consent to my sons participation in Mid Atlantic Select AAU Basketball.

Players' name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_

Date signed \_\_\_\_\_

**PLEASE MAIL BACK TO:**

**MID ATLANTIC SELECT AAU BASKETBALL  
PO BOX 47141  
Forestville, MD 20753**