



Mid Atlantic Select AAU Basketball
3310 Gateshead Manor Way
Silver Spring, MD 20904

Phone: 301-633-9997
Fax: 301-733-0277
Email: Info@MidAtlanticSelect.com
Website: 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
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Silver Spring, MD 20904