

Declaration of Medical Fitness and Permission to Provide Treatment

- a. I understand that physical handicaps, psychological handicaps, chronic ailments, allergies and other medical conditions may affect safe participation in Athletic training provide by Ball Like Me Sports Management, Inc. I declare that I and my minor child/children are in good physical and emotional health and either I nor my minor child/children of mine have or suffer from any medical/psychological condition which makes or would make it unsafe for me or for my minor child/children to participate in Sports Training provided by Ball Like Me Sports Management, Inc.
  
- b. In the event of an emergency, I authorize Ball Like Me Sports Management, Inc. officials to secure from any accredited hospital and/or physician any treatment deemed necessary for my immediate care of my child/children and agree that I will be responsible for payment for any and all medical services rendered.

I also declare that I exercised my own judgment in deciding whether to sign this agreement and I further declare that my declarations or representations of Ball Like Me Sports Management, Inc. or its employees, agents or instructors.

Signature of  
Parent/Guardian\_\_\_\_\_Date\_\_\_\_\_

My minor child  
is\_\_\_\_\_Age\_\_\_\_\_