TAYLOR PARK 3 ON 3 FOR ALS

TEAM PARENT / GUARDIAN CONSENT

Tuesday, December 29, 2026 | W.I.S.H. Centre, Chatham, Ontario
Team check-in: 8:45 AM | First games: 9:00 AM | Maximum 4 players per team

Team name: _____ **Division:** _____

PARENT / GUARDIAN ACKNOWLEDGMENT

I am the parent or legal guardian of the player named beside my signature below. I give permission for my child to participate in the Taylor Park 3 ON 3 FOR ALS basketball tournament on December 29, 2026. I understand basketball involves physical activity and the possibility of injury. I have reviewed or will review the tournament rules with my child. I will notify organizers of any relevant participation concerns.

PLAYER 1

Player full name: _____

Parent / guardian full name: _____

Parent / guardian signature: _____ Date: _____

PLAYER 2

Player full name: _____

Parent / guardian full name: _____

Parent / guardian signature: _____ Date: _____

PLAYER 3

Player full name: _____

Parent / guardian full name: _____

Parent / guardian signature: _____ Date: _____

PLAYER 4

Player full name: _____

Parent / guardian full name: _____

Parent / guardian signature: _____ Date: _____

One form per team. Each participating player requires their own parent/guardian signature.

Bring completed form to check-in.