



BASKETBALL PERMISSION FORM

YOUR NAME/TITLE _____

SCHOOL _____

ADDRESS _____

CITY _____ STATE/ZIP _____

In accordance with Bylaw 14.7.3.2 (a), this form permits a student-athlete to participate in an NCAA-certified summer basketball league.

To be completed by the Student-Athlete:

NAME OF SUMMER LEAGUE TEAM _____

LOCATION OF TEAM (CITY, STATE) _____

DATES OF
PARTICIPATION _____

I, _____ (Name), and requesting permission to participate in an NCAA-certified summer basketball league. By signing this form, I agree that I will only receive actual and necessary travel expenses and room and board. I may receive apparel and equipment for practice and competition only.

Signature of Student-Athlete

Date

To be completed by Compliance:

By signing this form, I am granting permission for the above-mentioned student-athlete to participate in an NCAA-certified summer basketball league.

Signature Of Compliance

Date