Waterford Preteen Basketball League

Medical Release

PLAYER

First:	Last:	DOB:

DIVISION:

BOYS:					
	___ Instructional	___ Jr Gr 4-5	___Jr Gr 5-6	___ Sr 8-9	___ Sr 10-12
GIRLS:					
	___ Instructional	___ Jr Gr 5-7	___ Sr		

EMERGENCY CONTACTS:

NAME:	Phone 1	Phone 2	Relationship
NAME:	**Phone 1**	**Phone 2**	**Relationship**

Physician:	Phone:	Address:

Please list any allergy/medical conditions, including those requiring maintenance medications.

Diagnosis:	Medication:

Allergies:

Date of Tetanus Toxoid Booster:

Parent or Guardian Authorization:
The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

WAIVER AND CONSENT

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed above. In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization named above, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate in the Waterford Preteen Basketball League.

Authorized Parent/Guardian Signature: _____   Date: _____