

SPECTRUM BASKETBALL CLUB



MEDICAL RELEASE FORM

Coaches must keep a copy at all games and practices

Player's Name _____

Home

Phone _____

Address _____

City/

Zip _____

Parent/Guardian Name _____

Relationship

Parent/Guardian

Address _____

—

Email

Address: _____

Person To Notify In Case of Emergency _____ Cell

#: _____

Home/Cell Phone: _____ Work

Phone: _____

Person to Notify In Case of

Emergency: _____

List Any Medical Problems or Conditions Player has (Include allergies/medications)

Family Insurance Information:

Insurance Company _____ Child's Birth

Date _____

Address _____ City/State/Zip

Subscriber Name _____

Subscriber Number _____ Group

Number _____

I, hereby give my consent for all medical care prescribed by a duly licensed Doctor of Medicine for the above minor as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. To the best of the undersigned's knowledge, all of the above information is true and accurate.

Signed _____

Date: _____