

EMERGENCY AND MEDICAL RELEASE FORM

2017-2018 Basketball & Volleyball Season

PLAYER INFORMATION (each child needs their own form)

Player Name (Last, First, MI)

Male / Female

Date of Birth

Blood Type (if known)

Current Tetanus Shot? Yes/No

Current Medications

Known Allergies or Other Important Medical Info.

PARENT / GUARDIAN INFORMATION

Father / Guardian Name (Print)

Cell Phone

Work Phone

Mother / Guardian Name (Print)

Cell Phone

Home Phone

Emergency Contact (In case parents or legal
guardian can't be reached)

Cell Phone

Home/Work Phone

Preferred Medical Facility

PARENT CERTIFICATION AND AGREEMENT

The above named student athlete is granted permission to participate in the Ohio Eagles basketball program for the current season. My child and I are aware of the potential bodily injury and additional risks that are involved in participating in basketball. I assume all risks associated with participating in this sport. All such risks to my child are known and understood by me and the child. I waive any legal claim against coaches, board members, other parents or those associated with these athletic activities in the event my child is injured while participating in those activities, travel to and from the same, or any other team activity during the season.

I will provide my own health and accident insurance coverage for my child.

I authorize the coach to provide any necessary emergency first aid to my child. In the case of serious injury, I further authorize qualified medical personnel to render emergency treatment to my child. This authorization is granted only if I cannot be reached and a reasonable effort has been made to contact me.

Parent / Guardian Signature

Date

Player Signature

Date