

**EMERGENCY AND MEDICAL RELEASE FORM**  
**Basketball & Volleyball Seasons 2022-2023**

**PLAYER INFORMATION**

<hr/> Player Name (Last, First, MI)		<hr/> Male / Female
<hr/> Date of Birth	<hr/> Blood Type (if known)	<hr/> Current Tetanus Shot? Yes/No
<hr/> Current Medications		<hr/> Known Allergies or Other Important Medical Info.

**PARENT / GUARDIAN INFORMATION**

<hr/> Father / Guardian Name (Print)	<hr/> Cell Phone	<hr/> Work Phone
<hr/> Mother / Guardian Name (Print)	<hr/> Cell Phone	<hr/> Home Phone
<hr/> Emergency Contact (In case parents or legal guardian can't be reached)	<hr/> Cell Phone	<hr/> Home/Work Phone

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Preferred Medical Facility

**PARENT CERTIFICATION AND AGREEMENT**

The above-named student athlete is granted permission to participate in the Ohio Eagles volleyball & basketball program for the current year. My child and I are aware of the potential bodily injury and additional risks that are involved in participating in volleyball & 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.

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Parent / Guardian Signature

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Date

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Player Signature

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Date