

REDMOND SELECT BOYS' BASKETBALL PROGRAM

MEDICAL RELEASE FORM

To Whom It May Concern:

This is to certify that I, parent/guardian of _____, a player on the Redmond Select Boys basketball Program, hereby grant permission to the adult manager and coaches of the team to obtain medical care from any licensed physician, hospital, or medical clinic for the player named herein at such times as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all those activities; and we do hereby waive, release, absolve, indemnify and agree to hold harmless Redmond Select Boys basketball Program, Eastside Traveling League, the organizers, directors, officers, supervisors, coaches, participants and persons transporting the player to and from those activities for any claim arising out of an injury to the player.

SIGNED: _____

RELATIONSHIP: _____ **DATE:** _____

A medical release form signed by the player's parent or legal guardian MUST be provided for each player on the team in order that physicians and hospitals will accept players for treatment in the event of illness or injury when the parents or legal guardian are not available.

INSURANCE COMPANY: _____

POLICY #: _____

ALLERGIES: _____

KNOWN MEDICAL CONDITIONS: _____

EMERGENCY CONTACT/PHONE #: _____

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