
Davis Hoops Basketball Club -- Registration and Medical Release Form

Team: _____

Player Name: _____
First, Last

PLAYER INFORMATION:

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HOME PHONE	BIRTH DATE (example mm/dd/yyyy)	GRADE
STREET ADDRESS	CITY	ZIP
	()	
EMERGENCY CONTACT NAME (other than parent) (Parents will be called first)	EMERGENCY CONTACT PHONE NO.	

MEDICAL INFORMATION:

MEDICAL INSURANCE CARRIER	POLICY NUMBER

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, heart or lung conditions, or any other significant medical conditions or daily medications needed?

If yes, please explain: _____

PARENT/GUARDIAN INFORMATION:

		()	()
FIRST NAME	LAST NAME	DAYTIME PHONE	CELL PHONE

Email Address: _____

		()	()
FIRST NAME	LAST NAME	DAYTIME PHONE	CELL PHONE

Email Address: _____

MEDICAL RELEASE:

Emergency Authorization

I, the undersigned parent or legal guardian of _____, a minor, hereby authorize the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical, or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the person listed on this form **Who is Hereby Authorized to Act on my Behalf**.

Waiver of Liability and Disclaimer

I, the parent or guardian of _____ acknowledge that participation in athletic events necessarily involves risk of physical injury. In consideration for accepting the participation of said individual on this basketball team, I hereby release, discharge, and hold harmless the coaches, volunteers, and other representatives from any claims arising out of or relating to any physical injury that may result to the said individual while participating on this team, including any physical injury caused by the negligence of any official, referee, or coach while performing his/her duties during any practices or games.

For both the internal and external use, I acknowledge that the team may compile address and mailing labels and may utilize photographs of the above-mentioned player. I consent to such uses and hereby waive all rights to compensation. I also acknowledge that all registration and uniform fees are non-refundable.

Parent/Guardian Signature

Relationship to Player

Date