

AVON TRAVEL BASKETBALL

Medical Release Form

Name _____ Birth date _____ Phone _____
Address _____ Town _____
Mothers Name _____ Phone (H) _____ Phone (W) _____ Cell _____
Fathers Name _____ Phone (H) _____ Phone (W) _____ Cell _____

Release Form: I/We, the parents/guardians of the above-mentioned candidate for a position on an Avon Boys Travel Basketball team, hereby give my/our approval/permission to participate in any and all Avon Travel Basketball activities. I/We assume all risks and hazards incidental to such participants including transportation to and from the activities. I do hereby waive, release, absolve, indemnity and agree to hold harmless Avon Boys Travel Basketball, the organizers, supervisors, participants and persons transporting my child to or from activities from any claim arising out of an injury to my child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We authorize any licensed physician to provide treatment, order injections, hospitalize, give anesthesia, or perform surgery for: (child) _____. I/We understand that this authorization is given prior to any need for medical care, but given to avoid unnecessary delay in emergency treatment which the physician may deem advisable in the exercise of best judgment. I presume a reasonable attempt was made to contact me.

Family Physician _____ Phone _____

Dentist _____ Phone _____

Insurance Company and ID# _____ Hospital preference _____

If parent cannot be reached, contact: Name _____ Phone _____

Relationship _____

Last Tetanus booster: Up to date? YES / No (please circle the response)

Please list any allergies/medical problems, including that requiring maintenance medication.
(I.e. Diabetic, Asthma, Seizure disorder)

Medical Diagnosis _____ Medication: _____ Dosage: _____ Frequency: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere or alter treatment.

Parent/Guardian Signature: _____ Printed: _____ Date: _____

Additional Information: _____
