

REDMOND SELECT BASKETBALL ATHLETE'S MEDICAL RELEASE

In consideration of your acceptance of this release, I, intending to be bound, do hereby, for myself, the athlete, heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims for damages which may have or which may hereafter accrue to the athlete against the Redmond Select program, or any other support group of organizations, their respective officers, agents, representatives, successors, and/or assigns for any and all damages which may be sustained and suffered by the athlete in connection with her association with or participation in any and all practices, games, or tournaments involving her Redmond select team or which may arise out of traveling to or returning from said events.

I, or we, the parent(s) or guardian(s) of the athlete, grant to the directors, assistants, or assigned chaperones of the Redmond Select team the right to act as guardian/spokesperson in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for my/our daughter while en route to or from or at the sites of the above named activities. I understand that should a health emergency arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

(Signature of Athlete) Date: _____ _____ Date: _____
(Signature of parent/guardian)(father)

Birthdate: _____ _____ Date: _____
(Signature of parent/guardian)(mother)

Telephone: _____ (home) Telephone: _____ (wk father)
Telephone: _____ (wk mother)
Telephone: _____ (cellular)

Health Care insurance provider: _____
Group/Policy #: _____ (**Attach copy of policy card**)

Doctor: _____
Telephone: _____

Preferred Hospital: _____
Medications Utilized: _____
Known Allergies: _____
Pre-existing health conditions: _____

I/We authorize Redmond Select to list my/our daughter's first and last name on the website. Please circle one: YES NO