

EMERGENCY AND MEDICAL RELEASE FORM
Basketball & Volleyball Seasons 2019-2020

PLAYER INFORMATION

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

PARENT / GUARDIAN INFORMATION

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

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.

_____	_____
Parent / Guardian Signature	Date

_____	_____
Player Signature	Date