Pee Wee BASKETBALL

REGISTRATION

Name _____ Age _____ Grade _____
Fall 2019

Address _____ City _____

Telephone _____
Home *Work* *Cell*

Parent's Signature _____

MEDICAL RELEASE

As the parent/legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment of the above minor. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Player's Birth _____ /_____ /_____ Date of Last Tetanus Booster _____ /_____ /_____
Month *Day* *Year* *Month* *Day* *Year*

Known allergies of this player, including any allergies to medicine _____

Any other medical problems which should be noted _____
Use reverse side if needed

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Name of Parent/Guardian _____

Address _____

City/State/Zip _____

Phone (H) _____ (W) _____(C) _____

Person responsible for charges (if different from above) _____

Address _____

City/State/Zip _____

Phone (H) _____(W) _____ (C) _____

Insurance Carrier _____ Policy Number _____

Person to notify is parent/ guardian is unavailable _____

Phone (H) _____(W) _____ (C) _____

Signature of Parent/Guardian _____