



Player Medical Release

THE UNDERSIGNED:

Guardian of Athlete _____

A minor and participating Basketball athlete with LADY DIAMOND PROS, hereby of the LADY DIAMOND PROS to transport, as required, the above mentioned atf

I hereby give my consent for said athlete to receive any and all medical care ne prescribed by a duty Licensed Doctor under what ever conditions are necessary being of said athlete.

The hereunder information is to be presented to a Licensed Doctor.

Athlete's Information

First Name	<input type="text"/>	Home Address	<input type="text"/>
Last Name	<input type="text"/>	Home Address Line 2	<input type="text"/>
Middle Initials	<input type="text"/>	City	<input type="text"/>
DOB	<input type="text"/>	State	<input type="text"/>
Email	<input type="text"/>	Zipcode	<input type="text"/>
Phone	<input type="text"/>		

Parent's Information

Parent Name	<input type="text"/>	Parent Name	<input type="text"/>
Parent Phone	<input type="text"/>	Parent Phone	<input type="text"/>
Parent Email	<input type="text"/>	Parent Email	<input type="text"/>

Emergency Contacts

Contact Name	<input type="text"/>	Contact Name	<input type="text"/>
Contact Phone	<input type="text"/>	Contact Phone	<input type="text"/>
Contact Email	<input type="text"/>	Contact Email	<input type="text"/>



February 19, 2019

authorize an officer, coach or agent
delete for any medical attention.

cessary to be administrated as
to preserve the life, limb, or well

Medical Information

Insurance Name	<input type="text"/>	Know Allergies	[
Insurance ID	<input type="text"/>	Other Medical Information	[
