



Player Medical Release

THE UNDERSIGNED:

Guardian of Athlete _____

A minor and participating Basketball athlete with ROSE CLASSIC, hereby author ROSE CLASSIC to transport, as required, the above mentioned athlete for any r

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"/>

Medical Information

Insurance Name	<input type="text"/>	Know Allergies	<input type="text"/>
----------------	----------------------	----------------	----------------------



February 21, 2019

ize an officer, coach or agent of the
medical attention.

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

Insurance
ID

Other
Medical
Information

