

Bethlehem Girls Basketball Club

Medical and Waiver Release Form

MEDICAL INFORMATION

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Player Name _____

Parent/Guardian Signature _____ Date _____

Players Physician _____ Phone Number _____

Hospital Preference _____

Health Insurance Company _____

Policy Number/Contract Number _____

If parent/guardian cannot be reached in case of emergency, contact:

Name 1 _____ Phone _____ Relationship _____

Name 2 _____ Phone _____ Relationship _____

Medical concerns or other needs we should be aware of (i.e. asthma, diabetic, seizure disorder): _____

Please list any medications, dosages and frequency of dosage _____

PARENT/GUARDIAN PERMISSION AND WAIVER OF LIABILITY

I, the parent/guardian of _____, who participates on a Bethlehem Girl Basketball Club team, hereby give my/our approval for participation in any and all of the activities of the organization during the current season. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from activities. I do further release, absolve, indemnify, and hold harmless the Bethlehem Girls Basketball Club, the organizers, sponsors and the supervisors, any and all of them. In case of injury or illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my/our child, I hereby waive all claims against the organizers, the sponsors or any of the supervisors appointed by them. I likewise release from responsibility any person transporting my child to or from the activities. Finally, I give authorization to the coach of my child to permit emergency medical care during a game or practice if necessary.

I further certify that the player named above is in good physical condition, and has no known medical or other problem which would prevent the player from actively participating in all activities associated with the Bethlehem Girls Basketball Club team.

I certify that I have carefully read the full text of this MEDICAL RELEASE AND WAIVER OF CLAIMS prior to signing, and that I fully understand and agree to its terms.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____