

Prince of Peace Basketball

PLAYER MEDICAL RELEASE FORM

Player's Name _____ Date of Birth _____

EMERGENCY INFORMATION

Father's Name _____ Home Phone (____) _____ Cell Phone (____) _____

Mother's Name _____ Home Phone (____) _____ Cell Phone (____) _____

Allergies _____

Other medical conditions _____

Injuries in the past 12 months _____

Player's Physician _____ Home Phone (____) _____ Work Phone (____) _____

Medical and/or Hospital Insurance Co. _____ Phone (____) _____

Policy Holder _____ Policy# _____ Group# _____

Recognizing the possibility of physical injury associated with basketball and in consideration for the Toy Bowl League and its affiliates accepting the registrant for its basketball program and activities (the "Program"), I hereby release, discharge, indemnify, protect and hold harmless the Toybowl Leauge, its affiliated organizations and sponsors (Prince of Peace), their employees and associated personnel, including the owners of fields and facilities utilized for the Program against any claim, or from any loss, costs, damage or expenses, including reasonable attorney's fees incurred, caused by injuries to persons or their property by or on behalf of the registrant as a results of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in basketball programs and activities. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment, and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

(Parent's Printed Name) (Parent's Signature) (Date)