



**BAY VALLEY BASKETBALL ACADEMY
(BAY VALLEY GENERALS)
MEDICAL RELEASE FORM**

I, _____ ("Parent") hereby give permission for any and all medical attention necessary to be administered to my child, whose name is: _____ ("Player") in the event of an accident, injury, sickness, etc. under the directions of the persons listed below until I may be contacted. This release is effective for the time during which my child is participating in any practices, trainings, camps, clinics, games, or tournaments for the 2019-2020 Basketball season, including traveling to and from activities. I also hereby assume any and all responsibility for payment of any such treatment.

CURRENT ADDRESS: _____

HOME PHONE#: _____

WORK PHONE#: _____

CELL PHONE#: _____

ALT. PHONE#: _____

MY INSURANCE PROVIDER: _____

POLICY#: _____

PHYSICIAN NAME: _____

PHONE#: _____

IN CASE I CANNOT BE REACHED, PLEASE CONTACT:

NAME: _____

PHONE#: _____

NAME: _____

PHONE#: _____

PLEASE NOTE THAT MY CHILD AS THE FOLLOWING KNOWN CONDITIONS AND/OR ALLERGIES:

1. _____

2. _____

CURRENT PRESCRIBED MEDICATION: _____

**The Bay Valley Basketball Academy Coaching Staff has been informed of these conditions and is given authorization to assist with prescribed medications as set forth under the advisement of both the parent and the player's physician.*

(Must have at least one parent/guardian signature to be valid)

SIGNATURE MOTHER/LEGAL GUARDIAN (CIRCLE ONE) _____

NAME (PRINTED) _____ **DATE** _____

SIGNATURE FATHER/LEGAL GUARDIAN (CIRCLE ONE) _____

NAME (PRINTED) _____ **DATE** _____