



Player Medical Release



THE UNDERSIGNED:

July 13, 2020

Guardian of Athlete _____

A minor and participating Basketball athlete with BLUE CHIP ATHLETES, hereby authorize an officer, coach or agent of the BLUE CHIP ATHLETES to transport, as required, the above mentioned athlete for any medical attention.

I hereby give my consent for said athlete to receive any and all medical care necessary to be administrated as prescribed by a duty Licensed Doctor under what ever conditions are necessary to preserve the life, limb, or well being of said athlete.

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

Athlete's Information

First Name

Home Address

Last Name

Home Address
Line 2

Middle
Initials

City

DOB

State

Email

Zipcode

Phone

Parent's Information

Parent Name

Parent Name

Parent
Phone

Parent Phone

Parent Email

Parent Email

Emergency Contacts

Contact
Name

Contact Name

Contact
Phone

Contact Phone

Contact
Email

Contact Email

Medical Information

Insurance
Name

Know Allergies

Insurance ID

Other Medical
Information