



## Player Medical Release



THE UNDERSIGNED:

October 12, 2024

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