Medical Release

Please Provide another person(s) to contact in the event of an accident/emergency, and we cannot reach you:

Player’s Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | |  | | | |
| Primary contact/ relationship to child | | | |  | | Secondary contact/ relationship to child | | | |
|  |  |  |  | |  | |  |  |
| Cell Phone |  | Home Phone |  | | Cell Phone | |  | Home Phone |
|  | | | |  | |  | | | |
| Address | | | |  | | Address | | | |
|  | | | |  | |  | | | |
| City, ST ZIP Code | | | |  | | City, ST ZIP Code | | | |

Is your child presently on medication we should know about? \_\_\_\_\_If yes, please list medication(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have given my daughter permission to participate in the Virginia Flights Basketball events, and I certify that she is in good health has been cleared by a physician and can take part in all physical activities not limited to but including training, practices, and games. If an injury occurs, I authorize the Virginia Flights staff members to take all proper action and use the emergency service available at the nearest hospital if necessary. I understand my personal insurance will be used in this case. In case of an emergency, I authorize the personnel to take action.

Parent’s Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_