Central Jersey Cardinals





**MEDICAL RELEASE FORM**

FOR YEAR 2015

|  |  |  |  |
| --- | --- | --- | --- |
| Player’s Name |  | | |
| Address |  | | |
| City, State Zip Code |  | | |
| Home Phone Number |  | | |
| Birth Date |  | | |
| 1st Contact Name |  | Cell Number |  |
| Alternate # |  |
| Relationship to Player |  |
| 2nd Contact Name |  | Cell Number |  |
| Alternate # |  |
| Relationship to Player |  |
| MEDICAL INFORMATION | | | |
| Player’s Physician: |  | Phone: |  |
| Medical Insurance Co. Name |  | | |
| Insurance Group # |  | Insurance Policy #: |  |
| List and explain any medical conditions relevant in a situation requiring emergency care for the player. | | | |
|  | | | |

We/I the parents grant to the CJ Cardinals coaches or representative to have my child medically treated by qualified medical personnel in the event of a medical emergency and our immediate unavailability. We/I do understand that every reasonable effort will be made to notify us first.

We/I the parents hereby release the CJ Cardinals organization from any liability or injury to my child during any activity he/she participates in sponsored by this program.

We/I the parents certify that our child is physically capable of participating in any of the CJ Cardinals sponsored programs.

We/I the parents understand that all medical expenses resulting in illnesses or injury involving a team member of the CJ Cardinals AAU Basketball Club will be the responsibility of that team member’s family or guardian.

We/I recognize that the information provided is accurate and up to date correct.

Parents Signature Date:

Parents Signature Date: