

LEGAL 501 C3
NON-PROFIT



5 BOROS
BASKETBALL

CALL FOR A WORKOUT
RICK 347 723 4886

Player Medical Release



THE UNDERSIGNED:

April 16, 2024

Guardian of Athlete _____

A minor and participating Basketball athlete with 5 BOROS BASKETBALL, hereby authorize an officer, coach or agent of the 5 BOROS BASKETBALL 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	<input type="text"/>	Home Address	<input type="text"/>
Last Name	<input type="text"/>	Home Address Line 2	<input type="text"/>
Middle Initials	<input type="text"/>	City	<input type="text"/>
DOB	<input type="text"/>	State	<input type="text"/>
Email	<input type="text"/>	Zipcode	<input type="text"/>
Phone	<input type="text"/>		

Parent's Information

Parent Name	<input type="text"/>	Parent Name	<input type="text"/>
Parent Phone	<input type="text"/>	Parent Phone	<input type="text"/>
Parent Email	<input type="text"/>	Parent Email	<input type="text"/>

Emergency Contacts

Contact Name	<input type="text"/>	Contact Name	<input type="text"/>
Contact Phone	<input type="text"/>	Contact Phone	<input type="text"/>
Contact Email	<input type="text"/>	Contact Email	<input type="text"/>

Medical Information

Insurance Name	<input type="text"/>	Know Allergies	<input type="text"/>
Insurance ID	<input type="text"/>	Other Medical Information	<input type="text"/>