



## Player Medical Release



THE UNDERSIGNED:

February 24, 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

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