



RC SPORTS

WINTER 2020 YOUTH BASKETBALL EMERGENCY FORM

General Information

Child's Name _____ Age _____ Home Phone () _____

Address _____ City _____ Zip Code _____

Father's Name _____ Mother's Name _____

Work Phone () _____ Work Phone () _____

Cell Phone Number () _____ Cell Phone Number () _____

Emergency Contact

(Individuals we may contact if you cannot be reached **and** those authorized to pick-up your child)

Name _____ Phone () _____ Relationship _____

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Conditions Requiring Special Medical Care

Asthma _____ Other _____

Physician's Name _____ Phone Number () _____

Currently Under a Physician's Care (circle one) YES NO

Medical need being treated

(Optional) Insurance carrier _____ Account Number _____

Hospital _____

Medical Release

I do hereby give permission for any certified emergency personnel, or health care professional to administer any type of medical treatment he/she deems necessary to the above named child in case of emergency in the event that I cannot be contacted. I understand that the City, its agents and employees assume no financial obligation or liability for the immediate medical treatment that they may provide for the aforementioned child.

Print Name

Signature of Parent or Guardian

Date