

AUTHORITY TO TREAT AND WAIVER

Player's full name:_____ Telephone:(____)_____

Address:_____ City/State/Zip:_____

Date of Birth:_____ Height:_____ Weight:_____

The above basketball player has been granted permission to attend and participate in and with teams, leagues, tournaments, camps, and other basketball activities sponsored by the Western Iowa Express.

The player has received a physical examination by a physician and is physically fit to participate.

I hereby give my consent, in case of injury, to have an athletic trainer, medical doctor, nurse, hospital, or clinic provide the player with medical assistance and/or treatment, and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Signature of Parent/Guardian

Signature of Parent/Guardian

Father: Home Phone:(____)_____ Business Phone:(____)_____

Mother: Home Phone:(____)_____ Business Phone:(____)_____

In an emergency when parents cannot be reached, please contact: _____

Phone:(____)_____ Relationship:_____

Allergies:_____

Medical Problems:_____

Family Physician:_____ Phone:(____)_____

Insurance Carrier and Policy #:_____