

**2012 NORTH TEXAS CRUSH INC.
MEDICAL RELEASE FORM**

This must be completed - legibly - and signed in all areas by both the player and his/her parent or guardian. ***By signing this form the participant affirms having read it.***

M ☐ F ☐

First Name

Last

D.O.B

Age

Primary Contact: Parent or Guardian

Name

Full Address

Primary Phone

City, State & Zip

Alternate Phone

Secondary Contact: Parent/Guardian or Other

Name

Primary Phone

Alternate Phone

Primary Insurance Company

Primary Group/Policy #

Family Physician Name

Physician Phone

Please elaborate on any medical conditions of which we should be aware:

Any Medications currently being taken:

Any Allergies:

If none please write N/A

Participant, _____, has my permission to participate in training, competition, events, activities and travel sponsored by North Texas Crush Basketball Club. I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Parent/Guardian Signature

Date

Relationship to Participant

If, during the course of my daughter's/son's activities in basketball, she/he should become ill or sustain an injury, I hereby **authorize** you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.

Parent/Guardian Signature

Date

OR

I **do not authorize** emergency medical/dental care for my daughter/son

Parent/Guardian Signature

Date

STATE OF _____, COUNTY OF _____
SWORN TO BEFORE ME, a Notary Public, by said

_____ personality known to me this _____ day
of _____, 2012.

Notary Public

Commission Expiration Date