



River Ridge Jr. Knights Basketball Club

Medical Release Form

Due to state and federal hospital regulations, children under the age of 18 may not receive treatment without parental consent. Therefore, your permission is so requested.

_____, as a participating member of the _____th Grade Girls/Boys (please circle one) River Ridge Jr. Knights Basketball Club basketball team, has my/our permission to receive medical treatment in the event of an injury. This will apply to hospitals and physicians when the team travels.

Parents or Legal Guardian Name: _____

Email: _____

Home Ph: _____ Cell Ph: _____

Signature: _____

PLAYER ELIGIBILITY AND MEDICAL INFORMATION

Player Name: _____ DOB: _____ Age: _____

Address: _____

City, State, Zip: _____

HEALTH INSURANCE CARRIER : _____ POLICY NUMBER : _____

DOCTOR NAME : _____ DOCTOR PH: _____

DOCTORS ADDRESS: _____

ALLERGIES: _____

MEDICAL ALERTS: _____