

Winter Springs Basketball League

Emergency Medical Release Form

This form should be filled out and returned to your coach. Coaches will keep a copy of this with them at all practices and games.

In the event of accident or illness, I/we request the Winter Springs Basketball League (“League”) contact me, if possible. If I cannot be reached or the accident/injury is deemed sufficiently serious, the League is hereby authorized to make whatever arrangement is necessary to provide emergency care and treatment for my child. This may include conveyance to and treatment at a hospital facility I assume responsibility for payment of all services rendered.

Signature of Parent or Guardian

Date

Players Name

Address

City

Zip

Home Phone #

Fathers Work #

Mothers Work #

****Please Note** Every attempt will be made to contact you in case of any injury. If you cannot be reached, please list a relative/friend, who can authorize medical treatment, otherwise we will contact your family physician or emergency room personnel.**

Relative/Friend

Relationship

Phone #

Insurance Company Provider

Policy #

Physician’s Name

Phone #

Please list any serious medical injuries, illness, allergies, or conditions we should be aware of before care is administered to your child.

