

**UPSTATE FRANCHISE BASKETBALL ASSOCIATION
MEDICAL INFORMATION AND RELEASE FORM**

Player's name _____

Parent/Guardian name _____

Phone # _____ Alternate # _____

Emergency Contact if Parent cannot be reached

Name _____ Relationship _____

Phone # _____ Alternate # _____

Medical Insurance _____

Policy Number _____

Primary Physician _____

Physician Phone _____

Hospital Preference _____

Any Allergies/special needs/concerns/dietary restrictions

Medications currently taken on a daily basis (prescription/nonprescription)

I give permission for my child to be transported in a privately owned vehicle or emergency transportation for medical emergencies only and for the release of medical records to an attending healthcare professional in case of illness or injury. I understand that every effort will be made to contact the parent/guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child.

I certify that my child is in good health and has no limitations other than those listed above that may predispose him/her to risk during participation in this program. Neither UFBA nor any of its affiliated entities, including its employees and volunteers are released from any liability for any damages suffered as a result of or relating to my child's participation in this program.

Parent/Guardian Signature _____ Date _____