

# TRI-COUNTY YOUTH BASKETBALL

## EMERGENCY INFORMATION & CONSENT FORM

(ONE FOR EACH ATHLETE)

Athlete's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Family Medical Insurance:

Carrier: \_\_\_\_\_ Group: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Allergies (list): \_\_\_\_\_

Serious Medical Conditions (list):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/we hereby grant consent to any and all health care providers designated by Tri-County Youth Basketball Administrators, officials, or coaches to provide my child \_\_\_\_\_ any necessary medical care as a result of any injury/illness.  
(name)

This consent includes First Aid and transportation to/from health care providers.

\_\_\_\_\_  
Father's Signature Date

\_\_\_\_\_  
Mother's Signature Date