

COMMON BOND BASKETBALL CLUB
Emergency Contact Information and Consent to Treat

Participant's First and Last Name _____
Participant's Birth Date: _____
Participant's Address _____
City _____ State _____ ZIP: _____

PRIMARY EMERGENCY CONTACT

First and Last Name (parent/guardian) _____
Phone Numbers: Home # _____ Cell # _____ Work# _____
Address (only if different from above) _____
Employer: _____
Email Address: _____

SECONDARY EMERGENCY CONTACTS

In case of emergency, if you are unable to reach the primary emergency contact listed above please contact:

Name: _____
Phone Numbers: Home # _____ Cell # _____ Work# _____

Name: _____
Phone Numbers: Home # _____ Cell # _____ Work# _____

Family Doctor: _____ Phone Number: _____

FAMILY MEDICAL INSURANCE

Health Insurance Company: _____ Policy Number: _____
Group Number: _____

Allergies (list): _____

Serious Medical Conditions (list): _____

MEDICAL TREATMENT CONSENT

I (the undersigned), as the parent or legal guardian of the minor identified above, understand that as a result of his/her athletic participation, an injury could occur that may require medical attention. I further acknowledge that on occasion the coaches and staff of Common Bond Basketball Club and available medical personnel may be unable to contact me immediately for my consent for emergency medical care. I do hereby authorize the staff of the Common Bond Basketball Club to consent on my behalf as they may deem necessary to such emergency medical care, including ambulance transport and hospital care, as may be deemed necessary under the then existing circumstances by available medical personnel. In so doing, I assume responsibility for the expenses of any such care not covered by my insurance.

Date Signed _____

Parent or Guardian Signature

Parent or Guardian Name (Print)