

Abilene Hawks, Inc.
Basketball Medical Release and Information

Student Name 1) _____ Date of Birth _____ (Circle Team Division) B/G 12U, 14U, 16U, 18U
Student Name 2) _____ Date of Birth _____ B/G 12U, 14U, 16U, 18U
Student Name 3) _____ Date of Birth _____ B/G 12U, 14U, 16U, 18U
Student Name 4) _____ Date of Birth _____ B/G 12U, 14U, 16U, 18U

Address _____ City _____ St. _____ Zip _____

Parents/Guardians Names _____ Home Phone _____

Fathers Work/Cell Phone _____ Mothers Work/Cell Phone _____

Fathers Address (if different from above) _____

Mothers Address (if different from above) _____

Responsible Parent E-Mail Address _____

Secondary Family E-Mail Address _____

Name of Emergency Contact (if parents are unavailable) _____

Relationship to Student(s) _____ Phone # _____

Please indicate student number above on the following questions (use additional paper if needed)

Previous Injuries/ Serious Illnesses/ or Allergies _____

Current Medication/Health Conditions/Learning Disabilities _____

Medical Treatment Authorization and Release of Liability

I hereby authorize any representative of Abilene Hawks, Inc. Basketball to consent to medical treatment of my child in the event of an emergency (as determined by the representative). I further authorize any representative of Abilene Hawks, Inc. Basketball to render first aid to my child and/or transport him/her to a hospital and/or call an ambulance. The consent is valid and irrevocable for one (1) year from the date hereof. I further release Abilene Hawks, Inc. Basketball representatives as a group and individually from any and all liability, even their own negligence, for injuries to my child arising out of my child participating in Abilene Hawks, Inc. Basketball activities.

Signed and dated this _____ day of _____, 20_____.

PRINTED Name of Parent/Guardian

SIGNATURE of Parent/Guardian