



**Knights Basketball Club
Player/Parent Information & Medical Release**

Player Name: _____	Age: ____	Date of Birth: _____
School: _____	Grade: _____	
Address: _____		
E-Mail Address: _____	Cell Phone: _____	

Mother's Name: _____		
Home Address (if different from above) _____		
Home Phone: _____	Cell Phone: _____	Work/Daytime Phone: _____
E-mail Address: _____		

Father's Name: _____		
Home Address (if different from above) _____		
Home Phone: _____	Cell Phone: _____	Work/Daytime Phone: _____
E-mail Address: _____		

I understand the Knights Basketball Club is a developmental club team for players intending to attend Helias Catholic High School. It is my/our intent to enroll our son at Helias Catholic High School beginning the fall of _____.	
	(year)
Name of Parent/Guardian (please print) _____	
✓ Signature of Parent/Guardian: _____	
Date: _____	

(OVER)



MEDICAL RELEASE:

I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize Physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given any guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Known allergies (including medicines) of player: _____

Any other medical issues/problems which should be noted: _____

Family Physician: _____ Phone Number: _____

Family Dentist: _____ Phone Number: _____

Insurance Carrier: _____ Policy Number: _____

Name of Insured: _____

Person responsible for charges (if different from Name of Insured above) _____

Address: _____ Phone Number: _____

Emergency Contact (if parent/guardian is unavailable):

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work/Daytime Phone: _____

Name of Parent/Guardian (please print) _____

✓ Signature of Parent/Guardian: _____

Date: _____