EMERGENCY INFORMATION AND CONSENT FORM
Forest Lake Hoops Club

PARTICIPANT INFORMATION:

Full Name: _____
First Middle Last

Street Address City Zip Code

Father's Name Home Phone # Work Phone #

Mother's Name Home Phone # Work Phone #

EMERGENCY INFORMATION:

Emergency Contact Name Street Address Phone #

Alternate Contact Name Street Address Phone #

Physician/HMO/Clinic Name Street Address Phone #

Medical Insurer Medical Policy # Phone #

Dentist Name Phone # Dental Insurer Dental Policy #

List any special medical information (allergies, medication, etc.):

CONSENT FOR MEDICAL TREATMENT:

As the parent or legal guardian of a participant in the Forest Lake Hoops Club basketball program, I hereby give my consent for medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

NO MEDICAL INSURANCE IS PROVIDED:

In consideration of your accepting this entry, I hereby for myself, my heirs, executors and administrators, wave and release any and all rights and claims for damages I or my child may have against the Forest Lake Hoops Club and its representatives, successors and assigns, for any and all injuries suffered by me or my children while a Participant or spectator at or in the basketball program.

Parent / Guardian Signature Date

☐ As the parent or legal guardian of a participant in the Forest Lake Hoops Club basketball program, I hereby give my consent for the Forest Lake Hoops Club to publish my dependent's photograph on its website. (Check the box for "yes"; leave blank for "no")