LAKE WASHINGTON SELECT BASKETBALL
COACHES EMERGENCY RELEASE FORM

Players Name_____Birthdate_____
Last First Middle

Address of Parent/Guardian_____
Street City Zip

Home Phone#_____Emergency Ph#_____Business Ph#_____

Emergency Contacts: If parents cannot be reached, who should be contacted next?
Contact #1

Name_____ Relation to Player_____

Home Ph#_____ Business Ph#_____

Contact#2

Name_____ Relation to Player_____

Home Ph#_____ Business Ph#_____

Authorization to Provide Emergency Treatment to a Minor:

We/I the undersigned, Parent/Guardian of_____Date of Birth_____
Player's name

Do hereby consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor(s) under the general or special instructions of the Emergency Physician charge at the health facility selected.

It is understood that this consent is given in advance of any specific diagnosis of treatment being required but is given to encourage coaches or authorized designee, and said physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

I hereby designate _____M.D Ph#_____ as primary Physician and request the Emergency Physician to call him/her for primary care of the above mentioned minor if able. The above designation is not the limit to Emergency Physicians and in case the above designated person is not available, the Emergency Physician is authorized to treat and/or secure consultation as he/she sees fit.

Parent/Guardian Signature_____ Date_____