



## Pioneer Elite Medical Care Consent & Release

Player Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Date of Last DPT: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

List any allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

Does player have any medical conditions we should be aware of? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please list: \_\_\_\_\_

Emergency Contact Phone 1: \_\_\_\_\_ Name & Relationship to Player: \_\_\_\_\_

Emergency Contact Phone 2: \_\_\_\_\_ Name & Relationship to Player: \_\_\_\_\_

### Release and Indemnification:

I/We, the parent(s) or legal guardian(s) of the above named player, in consideration of such player being enrolled as a participant in the Oregon City Pioneer Elite Basketball Association, do hereby release and agree to hold harmless the Oregon City Pioneer Elite Basketball Association, its officials and directors, its sponsors and any other person participating in the Oregon City Pioneer Elite Basketball Association from and against any claim, demand, liability, loss, cost, charge, counsel fee and expense of any kind asserted and arising out of any injury or illness to my/our child while participating in the Oregon City Pioneer Elite Basketball Association, including, without limitation, all practice, travel and related Oregon City Pioneer Elite Basketball Association activities.

### Medical Care Consent & Release:

As a parent or legal guardian of \_\_\_\_\_ I hereby authorize any coach or other person associated with the Oregon City Pioneer Elite Basketball Association, on my behalf, to consent to any medical treatment that my child may require as a result of an injury or illness while participating in the program, including, without limitation, practice, travel and related activities. I understand that this authorization is to prevent undue delay and assure that my child receives prompt treatment, and that only qualified medical personnel will be engaged for such an emergency. Further, I hereby acknowledge that the Oregon City Pioneer Elite Basketball Association does not provide medical insurance of any kind for those participating in the program. Finally, basketball is a sport of physical exertion and should only be undertaken by those who are physically capable of participating. I authorize that my child has been cleared for sports participation by a licensed physician.

**I/We do hereby agree to the Medical Care Consent and Release and Indemnification.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date