



# St. Louis Basketball Academy

Address: 12545 Fee Fee Rd, St. Louis, MO 63146

Phone: (314) 769 - 2255

## MEDICAL / EMERGENCY / RELEASE INFORMATION

I ( parent/guardian) : .....

to ( player) : .....

In the event that my child is injured or should required medical attention, I hereby request you contact our family doctor. In the event the doctor can't be reached, I hereby authorize the coach or any other program volunteer to secure necessary medical treatment for my child. I further acknowledge that I well be responsible for any medical or hospital fees or costs associated with my child's medical treatment, which are not covered by insurance provided through the program. If possible, confirmation of the authorization should de made with me prior to treatment by calling me at the above listed number. In case I can't be reached for an emergency, medical treatment as described above may proceed without further authorization. I assume all risks and hazards to such participation, including transportation to and from activities, and hereby waive, release, absolve, indemnify and agree to hold harmless the St. Louis Basketball academy, the organizers, sponsors, supervisors, participants and persons transporting my child to and from activities for any claim arising out of an injury to my child, whether the result of negligence or for any other cause, except to the extent, and in the amount covered by, accident or liability insurance.

Allergies : .....

Medications: .....

Other Health Concerns: .....

Signature : .....

Date: .....

Alternate Emergency Contact: ..... Phone: .....