

FORM NO. 2

MEDICAL CONSENT AND EMERGENCY CONTACT FORM

I, as parent to or legal guardian of _____ (the "Player"), consent to his participation in the RPP CYO League (the "League") and in a Parish Program (the "Parish") during the 2019-2020 basketball season. As consideration for his participation, I hereby make the following statements and representations:

1. Consent to Seek Emergency Medical Care. I consent to the League or the Parish seeking emergency medical assistance for the Player in the event of injury during League activities in the event that his parents or legal guardian are not present.

2. Agreement to Update Information. I agree to notify the League and Parish immediately in the event that the Player's parents or legal guardian become aware of any medical condition that inhibits the Player's participation in League activities. I further agree to notify the Parish immediately if any of the information provided on page 2 of this form should change.

3. Understanding the Risk of Injury. I understand that there are certain risks inherent in recreational youth basketball. It is a fast-paced, contact sport played by amateur athletes on a hardwood floor in a gymnasium. The inherent risks include injury from physical contact and collisions with other players, loss of balance, and physical strain. Potential injuries include sprains, contusions, broken bones, lacerations, concussions, permanent disability, internal injuries, paralysis, and possibly death.

4. Certification of Fitness to Play. I certify that my Player is in good physical condition and has undergone a physical examination by a licensed physician in the past two years. I further certify that I am unaware of any medical condition that would inhibit my Player's participation in League activities.

Print name

Signature

Date

Relationship to Player (either parent or legal guardian)

Parish Program

FORM NO. 2

EMERGENCY CONTACT & TREATMENT INFORMATION

This form will be kept on file by the League and Parish in the event of an emergency. Please notify the League and Parish in writing immediately in the event any of this information requires correction or change.

First Emergency Contact

Name_____

Relationship to Player_____

Telephone or Cell Phone Number_____

Email_____

Second Emergency Contact

Name_____

Relationship to Player_____

Telephone or Cell Phone Number_____

Email_____

Treatment Information.

In the event that the League or the Parish contacts a physician or emergency Medical services on behalf of your Player, it may be necessary to alert the provider to any allergies, especially allergies to medication, that your Player has, or any medical conditions that a medical provider should be aware of when treating your player.

Describe all of the Player's allergies, including allergies to medications:

Describe all of the Player's medical conditions that you understand a medical provider should be aware of when treating you Player:

