

Clarke County Youth Basketball  
P.O. Box 82 Berryville, VA 22611  
FIRST AID AUTHORIZATION AND RELEASE

PARTICIPANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT/GUARDIAN'S NAME HOME TELEPHONE \_\_\_\_\_

IF PARENT/GUARDIAN CANNOT BE REACHED, CALL \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ WORK TELEPHONE \_\_\_\_\_

MEDICAL DATA: \_\_\_\_\_

FAMILY DOCTOR & PHONE NUMBER \_\_\_\_\_

MEDICATIONS PARTICIPANT IS ALLERGIC TO SPECIAL PHYSICAL OR MEDICAL PROBLEMS

In case of an accident or serious illness, I request that I be contacted. If I am unable to be reached, I hereby give authorization to contact a physician and to transport my child to the physician or hospital for treatment, in case of emergency. It is understood that I will assume the responsibility for payment of the medical fees.

Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_