



CENTRAL JERSEY CARDINALS

MEDICAL RELEASE FORM

Players Name:		Birth-date:		Main Phone #:	
1st Contact		1st Cont. Phone #:		Alt. Phone #:	
2nd Contact:		2nd Con. Phone #:		Alt. Phone #:	
Players Physician:		Physician Phone #:			
Med. Ins. Co.Name:		Ins. Group #:		Ins. Policy #:	

List and explain any medical conditions relevant in a situation requiring emergency care for the player:

We/I the parents grant to the CJ Cardinals coaches or representatives to have my child medically treated by qualified medical personnel in the event of a medical emergency and our immediate unavailability. We/I do understand that every reasonable effort will be made to notify us first.

We/I the parents hereby release the CJ Cardinals organization from any liability or injury to my child during any activity he/she participates in sponsored by this program.

We/I the parents certify that our child is physically capable of participating in any of the CJ Cardinal's sponsored programs.

We (I) the parents understand that all medical expenses resulting in illnesses or injury involving a team member of the Central Jersey Cardinals AAU Basketball Club will be the responsibility of that team member's family or guardian.

We (I) recognize that the information provided is accurate and up to date correct.

Parents Signature	Date:
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Parents Signature	Date:
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