



MEDICAL RELEASE FORM

As the parent/legal guardian of _____ (Player) I give my consent for this Player to participate in all Jump Athletic activities in accordance with the Jump Athletic LLC policy. I request that in my absence the above-named player to be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependant. I will not hold Jump Athletic LLC responsible for injury or liability and will secure adequate personal insurance for as long as my child is training at Jump Athletic. Jump Athletic will not be responsible for medical costs. I recognize there are risks associated with strenuous physical exertion when engaging in basketball activities. I assume the responsibility to have my child fully examined by a physician so he/she may be cleared for full strenuous physical activity (sport/exercise).

I, THE UNDERSIGNED, HAVE READ THIS RELEASE AND UNDERSTAND ALL ITS TERMS.

Legal Guardian Signature _____ Date _____

Please provide the following information:

Legal Guardian Name (printed) _____

Address: _____

Phone: (____) _____ (____) _____ (____) _____
HOME WORK CELL

Date of player's birth: ____/____/____ Date of last tetanus booster: ____/____/____
MONTH DAY YEAR MONTH DAY YEAR

Known allergies of this player, including any allergies to medication

Are there any other medical problems that should be noted:

Family Physician: _____ Phone: _____

Insurance Carrier: _____ Policy number: _____

Emergency Contact (other than legal guardian): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ _____ _____
HOME WORK CELL

FAX TO: 602-357-3405
or
Email: bsacks@jumpathletic.com