



**ROADRUNNER BASKETBALL  
MEDICAL RELEASE FORM 2014-2015**

Player \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact(s) \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact(s) \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ to participate in the ROADRUNNER ATHLETIC PROGRAM. I understand that in the event medical treatment is required every effort will be made to contact me. If I can't be reached, I give my permission to give first aid to my child/or secure the services of a licensed medical care provider to provide the care necessary for my child's well being. I also understand that all medical expenses will be my responsibility.

Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Please list  
Medical Problems \_\_\_\_\_

Medications \_\_\_\_\_

Medical Allergies \_\_\_\_\_

Other needed information \_\_\_\_\_

If in Omaha, hospital preference \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*No player will be able to participate without turning in the Medical Release Form