Medical Release Form

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following person in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. I also authorize Vegas Elite staff to remain with my child in such case of an emergency and for any/all medical information to be disclosed a Vegas Elite staff member.

In case of a minor, this authority is granted only after a reasonable effort has been made to reach the parent and/or guardian.

Name of participant: _____

This release will be in effect on the date(s) starting September 6, 2011 and continuing until July 31, 2012. This release applies only to Vegas Elite Basketball Club activities. My signature also serves to indicate my willingness to take full financial responsibility for any and all medical services rendered for the above named participant. My signature also serves to indicate my willingness for my insurance company: _____, Policy number: _____ to be billed for any and all medical fees and services should they be needed and to release Vegas Elite Basketball Club and its employees from this liability.

_____	_____	_____
Printed name of parent/guardian	Signature of parent/guardian	Date

Address of Participant: _____

City: _____ State: _____ Ph: (_____)_____-_____

Family Doctor: _____ Ph: (_____)_____-_____

List any specific medical allergies, chronic illness or other conditions: _____
_____
_____

Emergency Contact Person: _____ Ph: (_____)_____-_____

Emergency Contact Address: _____