

**ReachFar Foundation I-Can Athletic Skills Clinic
Medical Release**

Name of Participant: _____

Birth date: _____ **Gender (M or F):** _____

Home Address: _____

Parent Name(s): _____

Home Tel. #: _____ **Parent cell #:** _____

Parent Email: _____

Emergency Contact Name: _____

Emergency Contact #: _____

Insurance Carrier: _____ **ID Number:** _____

Medical Concerns including Allergies and Medications:

DISCLAIMER:

MY CHILD IS IN NORMAL HEALTH AND HAS PERMISSION TO PARTICIPATE IN ALL TRAINING ACTIVITIES, PRACTICES, AND GAMES. IN CASE OF AN EMERGENCY OR SERIOUS INJURY, I HEREBY GIVE PERMISSION TO THE REACHFAR FOUNDATION, ITS OFFICERS, EMPLOYEES, AGENTS, ATHLETIC TRAINERS, OR STAFF MEMBERS TO TAKE WHATEVER ACTION IS NECESSARY FOR THE HEALTH AND WELFARE OF MY CHILD INCLUDING CONSENTING ON MY BEHALF TO ANY AND ALL MEDICAL AND DENTAL TREATMENT. I FURTHER AGREE TO HOLD THEM HARMLESS AND INDEMNIFY THEM FOR ALL MEDICAL BILLS INCURRED FOR THE TREATMENT OF MY CHILD.

I UNDERSTAND THAT BASKETBALL IS A VERY PHYSICAL SPORT, WHICH CAN RESULT IN SERIOUS INJURY. I HOLD THE REACHFAR FOUNDATION, ITS OFFICERS, EMPLOYEES, AGENTS, COACHES, ATHLETIC TRAINERS OR STAFF MEMBERS HARMLESS AND HEREBY RELEASE THEM FROM LIABILITY FOR ANY INJURY TO MY CHILD WHILE ATTENDING THE CLINIC.

Parent/Guardian signature: _____

Date: _____