

Genesee Valley Fillies
2009
Medical Information

Coach's Name _____ Phone _____

Player's Name _____ Date of birth _____

Parent / Guardian Name(s) _____

Address _____

Player's Home phone _____

Emergency contact and phone _____

***List any physical conditions that a coach or physician should be made aware of (i.e. Allergies, chronic illnesses, disabilities, medications, etc.):**

Family Physician _____

Phone _____

Ins. Co. _____

Subscriber Name _____

Subscriber ID # _____

Plan / Group _____

In the event that I am unavailable for purposes of providing parental consent, I hereby authorize consent to my daughter's AAU coach to seek such emergency care or hospitalization that includes routine diagnostic procedures and medical treatment as necessary for my child. I understand that the consent and authorization granted herein does not include major surgical procedures and is valid only during the participation of an AAU event/game for which my child is a member.

I also hereby waive and release the AAU and its coaches and members from any and all liability for injuries that might occur to my daughter during AAU games and practices.

Parent or Guardian signature

Date _____