

Athlete's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home address: \_\_\_\_\_

Father's name: \_\_\_\_\_ #1 Phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_ #1 Phone: \_\_\_\_\_

Name of responsible adult who will assume responsibility for athlete if parents can't be reached:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I grant my permission for my child to attend \_\_\_\_\_ Small Fry practices/ games/activities. If you and the above contact/physician can't be reached in an emergency and, if in the judgment of the practice/tournament authorities immediate medical and/or hospital attention is necessary, do you authorize responsible authorities to take your child, properly attended, to an available hospital or physician? **YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or legal guardian

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1. How is your child's health? Good: \_\_\_\_\_ Fair: \_\_\_\_\_ Poor: \_\_\_\_\_

2. Does your child have any physical disability or limitations? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

3. Does your child have any allergies? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

4. Is your child under doctor's care at this time? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

5. Is your child taking any type of medication? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

6. Does your child require any type of inhaler? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

7. Has your child had a tetanus shot? Yes: \_\_\_\_\_ No: \_\_\_\_\_

This form will be kept on file with the coaches and travel with the team. Please indicate any notes on back that may help the coaches be aware of situations that will help your child during his/her stay with Small Fry Basketball.