

**THIS FORM IS TO BE CARRIED BY THE COACH TO ALL COSA EVENTS!  
201 Cleveland Old School Athletics Player Medical Release Form**

This must be completed legibly and signed in all areas by both the player and his/her parent or guardian. *By signing this form the participant affirms having read it.*

Name _____			
_____	_____	_____	_____
Last	First	Birth date	Age
Primary Contact: Parent or Guardian			
Name _____ Address _____ ZIP _____			
Phone _____ Cell Phone _____ Alternate Phone _____			
Secondary Contact: ___ Parent/Guardian ___ Other			
Name _____			
Phone _____ Cell Phone _____ Alternate Phone _____			
Primary Insurance Co. _____		Primary Group/policy number _____	
Family Physician Name _____		Physician Phone _____	
Please elaborate on any medical conditions we should be aware of:			
Any Medications currently being taken:			
Any Allergies:			
If None, Please write none.			
Signed _____		Date _____	
Participant			
Parent or Guardian of Athletes under 18 years of age:			
Participant, _____ has my permission to participate in training, competition, events, activities, and travel sponsored by Cleveland Old School Athletics. I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.			
Signed _____		Date _____	
Parent or Guardian			
If, during the course of my son's activities in basketball, he should become ill or sustain an injury, I hereby authorize you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.			
Signed _____		Date _____	
Parent or Guardian			
OR			
I do not authorize emergency medical/dental care for my son			
Signed _____		Date _____	
Parent or Guardian			
I also understand that St. Edward High School and Magnificat High School are not liable for any injury that may occur during the use of their facilities.			
Signed: _____		Date _____	
Parent or Guardian			