



## Player Medical Release



THE UNDERSIGNED:

February 24, 2020

Guardian of Athlete \_\_\_\_\_

A minor and participating athlete with PV AAU WRESTLING, hereby authorize an officer, coach or agent of the PV AAU WRESTLING to transport, as required, the above mentioned athlete for any medical attention.

I hereby give my consent for said athlete to receive any and all medical care necessary to be administrated as prescribed by a duty Licensed Doctor under what ever conditions are necessary to preserve the life, limb, or well being of said athlete.

The hereunder information is to be presented to a Licensed Doctor.

### Athlete's Information

First Name

Home Address

Last Name

Home Address Line 2

Middle Initials

City

DOB

State

Email

Zipcode

Phone

### Parent's Information

Parent Name

Parent Name

Parent Phone

Parent Phone

Parent Email

Parent Email

### Emergency Contacts

Contact Name

Contact Name

Contact Phone

Contact Phone

Contact Email

Contact Email

### Medical Information

Insurance Name

Know Allergies

Insurance ID

Other Medical Information