

**CHURCH LEAGUE BASKETBALL REGISTRATION FORM
PERMISSION RELEASE/HEALTH AND SURGICAL EMERGENCY FORM**

ST. GILES PRESBYTERIAN CHURCH
STATE OF SOUTH CAROLINA
COUNTY OF GREENVILLE

PERMISSION/RELEASE FOR BASKETBALL PROGRAM

I/we do hereby, for myself/ourselves, my/our heirs, successors, and assigns, release and hold harmless St. Giles Presbyterian Church, its successors and assigns, and any of its officers, members, representatives, or agents from any and all liability and/or actions or causes of action which might arise from any accident which might occur or injuries that take place when my child or children

NAME _____ SOCIAL SECURITY NO. _____

Under sponsorship of the St. Giles Presbyterian Church. I/we further authorize the St. Giles Presbyterian Church or any of its officers, members, representative, or agents to seek emergency medical care and/or treatment for my/our child/children and to admit my/our child/children to any hospital or other medical facility. If medical care and/or treatment is deemed necessary by a duly licenses health care provider, doctor, hospital, or clinic, I/we further authorize St. Giles Presbyterian Church, its officers, members, representative, or agents to consent to any such medical care and/or treatment.

SIGNED: _____ EMAIL: _____
(Parent or legal guardian)

PHONE: (Home) _____ (Work) _____

ADDRESS: _____ CITY/STATE/ZIP _____

HOSPITAL/MEDICAL INSURANCE CO. _____

POLICY # _____ NAME POLICY IS WRITTEN UNDER: _____

ADDRESS OF INSURANCE CO. _____ CO.PHONE# _____

DATE OF LAST TETANUS SHOT: _____ ANY RESTRICTIONS: _____

ALLERGIES TO DRUGS/STINGS/FOOD/OTHER? _____

IS STUDENT ON ROUTINE MEDICATION? _____ NAME OF DRUG & DOSAGE _____

OTHER INFORMATION HELPFUL IN TREATING STUDENT FOR A MEDICAL PROBLEM: _____

PHYSICIAN'S NAME: _____ PHONE#: _____

NAME OF PHYSICIAN'S GROUP: _____

FOR YOUTH:

CURRENT GRADE: _____ AGE: _____ PLAYED LAST YEAR (Y/N) _____ JERSEY SIZE _____

I understand that while attending the basketball program at St. Giles Presbyterian Church, no drugs or alcohol of any kind are permitted, and I agree to abide by this rule.

SIGNATURE OF YOUTH: _____ DATE: _____

FOR OFFICE USE ONLY:

PROGRAM FEE PAID: _____ CHECK NO. _____ DATE _____ BIRTH CERT. _____