BOYS DOWNRIVER DRAGONS TRAVEL BASKETBALL

REGISTRATION FORM

Male

Child's Name Sex Grade Birthday

Address City Zip

email Home email Work:

Home Phone Work Phone

Father Mother

Emergency Contact (Not Living at above address) Emergency Phone

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT AND TO PARTICIPATE IN TRAVEL BASKETBALL FOR A MINOR CHILD. INCLUDES CONCENT TO ALLOW TRAVEL WITH A PARENT OR COACH OF THE TEAM.

I/We _____and _____ of _____ Michigan do hereby state that we are the natural parents / legal guardians having legal custody of _____ a minor, born _____.

I/We authorize an adult agent of the DOWNRIVER DRAGONS Travel Team (Parent or Coach) to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the State of Michigan, when the need for such treatment is immediate, and when efforts to contact me/us are/is unsuccessful. This consent is assumed to be applicable during practices, games, and travel to and from tournament games. By signing below you are also consenting to one of parents and/or coaches to provide a means of travel for your child to and from the tournament games in the event you are unable to..

I/we understand that in any sport, accidents will occasionally occur. I/we further understand that the travel team coaches will exercise all due care and caution but cannot be responsible for and disclaim all responsibility for any accident or injury during any league activity (including practices) or traveling to and from such activities.

I/we understand that the DOWNRIVER DRAGONS, the Grosse Ile School System, and member associates will not be held responsible for any injuries. I/we accept responsibility for any medical bills incurred, as well as costs for transportation by means of ambulance or motor vehicle to a hospital if necessary. I/we accept all responsibility while my child is participating in practice, games, etc, and traveling to and from such activities.

Signature of Parent / Guardian Date

Downriver Dragons Travel Basketball

Medical Information Form

Players Name _____ Home Phone _____

Has your child had or does your child have any of the following medical disablities?
(If you answer YES to any, please describe the problem and its implication for proper first aid treatment in the space provided.)

Type of Injury	Yes	No	Comments
Allergies			
Asthma			
Boken Arm			
Broken Finger			
Convulsions / Epilepsy			
Diabetes			
Fainting Spells			
Head Injury (Concussion/Skull Fracture			
Heart Murmur			
Hernia			
High Blood Presssure			
Kidney Problems			
Knee Injury			
Neck / Back Injury			
Poor Hearing			
Poor Vision			
Shoulder Injury			
Other			

Please Answer the following questions:

Has your child had a tetanus booster in the last 8 years? _____

Is your child currently taking any medication? _____

If Yes, What? _____

Has physician placed any restrictions on your childs activity? _____

If Yes Explain. _____

_____

_____

Insurance Information

Insurance Company _____

Group Number _____

Contract Number _____

Other Numbers _____

_____

Doctor (If Not Listed at right) Phone

_____

Signature of Parent / Guardian Date

Name of Doctor	Phone
Aggarwal	671-2000
Anderson	224-3000
Baker	383-5530
Barnosky	671-5247
Boriboon	283-4616
Bush	284-6800
Cassel	379-5338
Chamberlain	675-2800
Constantino	676-1161
Cortose	671-6217
Dave P.K.	282-5012
De Los Santos	389-6220
Debyle	382-3960
Desai	271-7370
Dhruva	458-2222
Downriver Pediatrics	928-4747
Dua	386-1500
Edwin	745-7745
Farah	675-7777
Gupta	477-7034
Hahn	386-3960
HFMS Fairlane	593-8100
HFMS Taylor	295-4200
HFMS Woodhaven	671-6217
Holmes	675-1280
Johnson	295-4200
Karolyl	295-4200
Kim	283-4616
Kingway Clinic	676-8530
Klanne	287-3830
Kratkoczki	593-8188
Kratkowski	593-8278
Kreevacky	385-1100
Lemanski	671-6741
Less	246-8161
Levendar	336-4444
Levy	730-0070
Li	283-4616
Lucas	248-8161
Marsh	928-5000
Morley	675-1330
Murray	676-6116
Pai	583-8278
Patel	676-0800
Penn-View	285-5280
Peters	585-6800
Pinson	283-2262
Poston	671-8660
Ravai	285-5280
Sawka	675-1280
Shah	243-5720
Shonaver	692-6510
Smith, Robert	479-4450
Songco	241-1100
Taneco	671-6217
Trenton Clinic	676-8600
Woodley	676-5600
Yadao	283-4616
Zara	675-7220